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# Medicare Directory of Prevailing Charges 1982

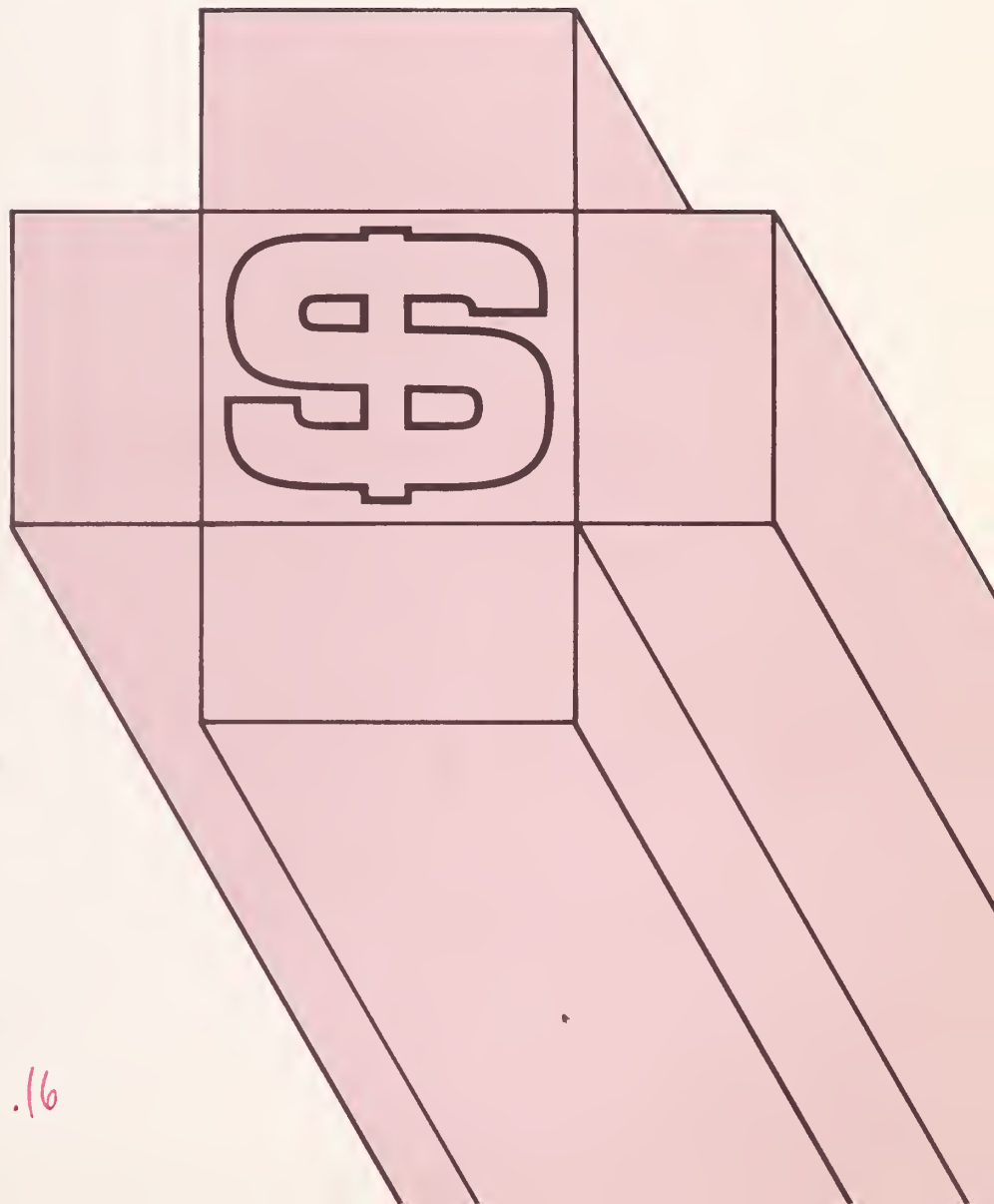


U.S. Department  
of Health and  
Human Services

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THE MEDICARE DIRECTORY  
OF  
PREVAILING CHARGES

FSY 1982





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## Introduction

This directory contains Fee Screen Year 1982 Medicare reimbursement data based on physician charges submitted to Medicare during calendar year 1980 in each of the reasonable charge localities within each Part B carrier's service area.

Maps are provided for each State which outline the separate charge districts (localities) the carriers use in reimbursing claims under the Medicare program. The counties within each locality are listed to aid in identifying the exact geographic breakdowns. More detailed locality information can be obtained on selected carriers by referring to Appendix A in the back of the directory.

This directory was compiled from magnetic tapes submitted by each of the carriers. Every effort has been made to minimize errors in the data displayed for each of the carriers however because of differences in coding systems it may sometimes be necessary to consult directly with the carriers for clarification.

The prevailing charge data represents the maximum amounts upon which reimbursement is based within the Medicare Part B program.\* It also reflects the influence of the Economic Index Provisions. For each locality, prevailing charges are listed for 30 medical services performed by General Practitioners (GP) and for 100 physician services performed by medical Specialists. Where the carrier makes no specialty differentiation in its screens, the top of the page states "combined locality designation". Blank spaces in the prevailing charge columns indicate that (a) prevailing charge data was not collected for the GP specialty category, (b) the procedure is not performed in the locality, or (c) the carrier does not use the same definition of the procedure as listed. When an asterisk (\*) appears beside a charge, it means that the charge is adjusted by the application of the economic index. When a letter "P" appears next to a charge, the amount represents the Professional component only. The letter "L" stands for the lowest charge levels applying to selected laboratory and durable medical equipment screens.

When reviewing the specialist charge screen data, it should be noted that the amounts represent the prevailing charge screen for the specialist who most frequently performs these procedures. Therefore, the procedure list in Table A contains the category of medical specialists for which charge screen data was collected for the 103 procedures. Seven additional procedures are listed for durable medical equipment.

If you have any questions about the data or locality information displayed in this directory, please direct your questions to James Barnett (301-594-6743), Health Care Financing Administration, Bureau of Program Operations, Room 367 Meadows East Building, 6325 Security Boulevard, Baltimore, Maryland 21207. For technical questions involving computer programming of the data, contact our Bureau of Support Services (301-594-0810).

\*For a more detailed discussion of the Medicare program reasonable charge methodology, the reader is directed to HCFA Publication No. 80-20036 entitled, Determination of Reasonable Charges under Part B of Medicare.

Table A

Terminology Used in the Medicare Directory of Prevailing Charges

Due to studies of high volume medical procedures conducted in the past, only 30 of the 110 procedures will have prevailing charge screens recorded for both General Practitioners and selected Specialists. The remaining procedures will have charge screens relating only to the category of specialist specified below:

| <u>Procedure</u> | <u>Terminology</u>                   | <u>Specialist(s)</u>    |
|------------------|--------------------------------------|-------------------------|
| 1                | Initial Brief Office Visit           | Internist               |
| 2                | Initial Limited Office Visit         | GP, Internist           |
| 3                | Initial Intermediate Office Visit    | Internist               |
| 4                | Initial Comprehensive Office Visit   | GP, Internist           |
| 5                | Minimal Followup Office Visit        | GP, Internist           |
| 6                | Brief Followup Office Visit          | GP, Internist           |
| 7                | Limited Followup Office Visit        | GP, Internist           |
| 8                | Intermediate Followup Office Visit   | GP, Internist           |
| 9                | Extended Followup Office Visit       | GP, Internist           |
| 10               | Comprehensive Followup Office Visit  | GP, Internist           |
| 11               | Brief Followup Home Visit            | GP, Family Practitioner |
| 12               | Limited Followup Home Visit          | Family Practitioner     |
| 13               | Intermediate Followup Home Visit     | GP, Family Practitioner |
| 14               | Extended Care Facility Visit         | Internist               |
| 15               | Brief Followup Nursing Home Visit    | GP, Internist           |
| 16               | Initial Brief Hospital Visit         | GP, Internist           |
| 17               | Initial Intermediate Hospital Visit  | Internist               |
| 18               | Initial Comprehensive Hospital Visit | GP, Internist           |
| 19               | Brief Followup Hospital Visit        | GP, Internist           |
| 20               | Limited Followup Hospital Visit      | GP, Internist           |
| 21               | Intermediate Followup Hospital Visit | GP, Internist           |
| 22               | Extended Followup Hospital Visit     | Internist               |
| 23               | Brief Emergency Room Visit           | Internist               |
| 24               | Limited Emergency Room Visit         | Internist               |
| 25               | Intermediate Emergency Room Visit    | Internist               |
| 26               | Limited Consultation                 | GP, Internist           |
| 27               | Extensive Consultation               | Internist               |
| 28               | Comprehensive Consultation           | Internist               |
| 29               | Psychotherapy-One Hour               | Psychiatrist            |
| 30               | Psychotherapy-Half Hour              | Psychiatrist            |

| <u>Procedure</u> | <u>Terminology</u>                        | <u>Specialist(s)</u>      |
|------------------|---|---------------------------|
| 31               | Chiropractic office Visit                 | GP, Chiropractor          |
| 32               | Initial Physiotherapy                     | Physical Therapist        |
| 33               | Followup Podiatric Office Visit           | Podiatrist                |
| 34               | Electrocardiogram (EKG)                   | GP, Internist             |
| 35               | EKG-Interpretation, Report Only           | GP, Internist             |
| 36               | Spirometry                                | Pulmonary Specialist      |
| 37               | Electroencephalogram (EEG)                | Neurologist               |
| 38               | Chemotherapy                              | Internist                 |
| 39               | Collection of Specimens                   | Laboratory <sup>1/</sup>  |
| 40               | Debridement of Nails                      | Surgeon                   |
| 41               | Skin Biopsy                               | Surgeon                   |
| 42               | Chemocautery                              | Surgeon                   |
| 43               | Radical Mastectomy (Modified)             | Surgeon                   |
| 44               | Open Reduction of Fracture                | Orthopedic Surgeon        |
| 45               | Arthrocentesis-Major Joint                | Orthopedic Surgeon        |
| 46               | Coronary by-pass (three or more arteries) | GP, Thoracic Surgeon      |
| 47               | Artificial Hip Replacement                | Orthopedic Surgeon        |
| 48               | Needle Puncture of Bursa                  | Internist                 |
| 49               | Bronchoscopy                              | Internist                 |
| 50               | Thoracentesis                             | General Surgeon           |
| 51               | Catherization of Heart                    | Cardiologist              |
| 52               | Insertion of Pacemaker                    | Cardiologist              |
| 53               | Partial Colectomy                         | General Surgeon           |
| 54               | Appendectomy                              | General Surgeon           |
| 55               | Sigmoidoscopy                             | GP, General Surgeon       |
| 56               | Hemorrhoidectomy                          | General Surgeon           |
| 57               | Cholecystectomy                           | General Surgeon           |
| 58               | Repair Hernia                             | General Surgeon           |
| 59               | Diagnostic Cystourethroscopy              | GP, Urologist             |
| 60               | Dilation of Urethra                       | Urologist                 |
| 61               | Prostatectomy                             | Urologist                 |
| 62               | Electrosection-Prostate (TUR)             | GP, Urologist             |
| 63               | Hysterectomy                              | Obstetrician-Gynecologist |
| 64               | Initial Complete Eye Exam                 | Ophthalmologist           |
| 65               | Comprehensive Eye Exam                    | Ophthalmologist           |
| 66               | Eye Exam with Tonometry                   | Ophthalmologist           |
| 67               | Extraction of Lens                        | GP, Ophthalmologist       |
| 68               | Chest X-ray-Single View                   | GP, Radiologist           |
| 69               | Chest X-ray-Two Views                     | GP, Radiologist           |
| 70               | X-ray-Spine                               | Radiologist               |

<sup>1/</sup> Without regard to medical specialty or place where service was performed.



Procedure

|     |                              |                          |
|-----|------------------------------|--------------------------|
| 71  | X-ray-Hip                    | Radiologist              |
| 72  | X-ray-Upper GI Tract         | GP, Radiologist          |
| 73  | X-ray-Colon                  | Radiologist              |
| 74  | Radiation Therapy-Low Volt   | GP, Radiologist          |
| 75  | Radiation Therapy-Super Volt | GP, Radiologist          |
| 76  | Radiation Therapy-Megavolt   | Radiologist              |
| 77  | CAT Scan-Head                | Radiologist              |
| 78  | CAT Scan-Abdomen             | Radiologist              |
| 79  | Three Chemistry Tests        | Laboratory <sup>1/</sup> |
| 80  | Twelve Chemistry Tests       | Laboratory               |
| 81  | Culture-Other than Blood     | Laboratory               |
| 82  | Hemoglobin                   | Laboratory               |
| 83  | Automated Blood Count        | Laboratory               |
| 84  | White Cell Count             | Laboratory               |
| 85  | Complete Blood Count (CBC)   | Laboratory               |
| 86  | Cholesterol Test             | Laboratory               |
| 87  | Flocculation Test            | Laboratory               |
| 88  | Hematocrit                   | Laboratory               |
| 89  | Platelet Count (Rees-Ecker)  | Laboratory               |
| 90  | Potassium Test               | Laboratory               |
| 91  | Prothrombin Time Test        | Laboratory               |
| 92  | Sedimentation Rate           | Laboratory               |
| 93  | Blood Sugar                  | Laboratory               |
| 94  | BUN-Urea Nitrogen            | Laboratory               |
| 95  | Uric Acid                    | Laboratory               |
| 96  | Feces-Occult Blood           | Laboratory               |
| 97  | Pap Test                     | Laboratory               |
| 98  | Routine Urinalysis           | Laboratory               |
| 99  | Chemical Urinalysis          | Laboratory               |
| 100 | Pathology-Three Specimens    | Laboratory               |

<sup>1/</sup> Without regard to medical specialty or place where service was performed.

| <u>Procedure</u> |                            | <u>Specialist(s)</u> |
|------------------|----------------------------|----------------------|
| 101              | Monitoring of Pacemaker    | Cardiologist         |
| 102              | Donor Nephrectomy          | Urology              |
| 103              | Kidney Transplant          | Urology              |
|                  | <u>Rental Equipment</u>    |                      |
| 104              | Standard Hospital Bed      | No speciality        |
| 105              | Standard Walker            | No speciality        |
| 106              | Standard Wheelchair        | No speciality        |
| 107              | Liquid Oxygen System       | No speciality        |
|                  | <u>Purchased Equipment</u> |                      |
| 108              | Standard Hospital Bed      | No speciality        |
| 109              | Standard Walker            | No speciality        |
| 110              | Standard Wheelchair        | No speciality        |





ALABAMA

ALA

01

02

03

04

05

06

Six Localities:

01 - Seven N.W. Count

02 - Six North Centra

03 - Eight S.E. Count

04 - Two S.W. Countie

05 - One large Metrop

06 - Forty-one small

- 01 - Seven N.W. Counties
- 02 - Six North Central Counties
- 03 - Eight S.E. Counties
- 04 - Two S.W. Counties
- 05 - One large Metropolitan County
- 06 - Forty-one small Rural Counties

2

1982 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF ALABAMA  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ALABAMA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 01     | 02     | 03     | 04     | 01       | 02       | 03       | 04       |    |
|----------------------------------|--------|--------|--------|--------|----------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |        |        |        |        |          |          |          |          | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   |        |        |        |        |          |          |          |          | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |        |        |        |        |          |          |          |          | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 25.00  | 30.00  | 30.00* | 30.00  | 44.70*   | 53.70*   | 62.60*   | 40.00    | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  |        |        |        |        |          |          |          |          | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 12.00* | 14.00* | 14.00* | 12.50* | 13.40*   | 13.00*   | 18.00*   | 18.00*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  |        |        |        |        |          |          |          |          | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 15.00  | 16.00  | 20.00  | 18.00  | 20.00    | 16.00    | 18.00*   | 20.00    | 8  |
| 9 EXTENDED F/U OFFICE VISIT      |        |        |        |        |          |          |          |          | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 30.00  | 35.00  | 25.00  | 26.90* | 40.00    | 53.70*   | 53.70*   | 60.00    | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 15.00  | 18.00* | 20.00  | 21.50* | 18.00*   | 18.00*   | 18.00*   | 18.00*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |        |        |        |        |          |          |          |          | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   |        |        |        |        |          |          |          |          | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |        |        |        |        |          |          |          |          | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 12.00* | 14.00* | 14.00* | 12.50* | 13.40*   | 13.00*   | 18.00*   | 18.00*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  |        |        |        |        |          |          |          |          | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |        |        |        |        | 44.70*   | 53.70*   | 62.60*   | 53.70*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   |        |        |        |        |          |          |          |          | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 18.00* | 12.50* | 14.10* | 18.00  | 18.00*   | 12.50*   | 18.00*   | 18.00*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    |        |        |        |        |          |          |          |          | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   |        |        |        |        |          |          |          |          | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |        |        |        |        |          |          |          |          | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |        |        |        |        | 18.00*   | 26.90*   | 26.90*   | 26.90*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |        |        |        |        |          |          |          |          | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |        |        |        |        |          |          |          |          | 25 |
| 26 LIMITED CONSULTATION          | 35.00  | 40.00  | 35.00  | 44.70* | 44.70*   | 53.70*   | 53.70*   | 53.70*   | 26 |
| 27 EXTENSIVE CONSULTATION        |        |        |        |        |          |          |          |          | 27 |
| 28 COMPREHENSIVE CONSULTATION    |        |        |        |        | 66.00    | 63.00    | 62.60*   | 62.60*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |        |        |        |        | 50.00    | 50.00    | 60.00    | 62.60*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |        |        |        |        | 26.90*   | 35.00    | 26.90*   | 26.90*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |        |        |        |        | 12.00    | 10.70*   | 10.00    | 14.10*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |        |        |        |        |          |          |          |          | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |        |        |        |        |          |          |          |          | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 26.00  | 26.90* | 25.00  | 25.00  | 26.00    | 26.90*   | 25.00    | 25.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 15.00  | 15.00  | 15.00  | 15.50  | 15.00    | 15.00    | 15.00    | 15.00    | 35 |
| 36 SPIROMETRY                    |        |        |        |        |          |          |          |          | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |        |        |        |        |          |          | 75.00    | 35.00    | 37 |
| 38 CHEMOTHERAPY                  |        |        |        |        |          |          |          |          | 38 |
| 39 COLLECTION OF SPECIMENS       |        |        |        |        |          |          |          |          | 39 |
| 40 DEBRIDEMENT OF NAILS          |        |        |        |        |          |          |          |          | 40 |
| 41 SKIN BIOPSY                   |        |        |        |        | 40.00*   | 35.00*   | 45.00    | 40.00*   | 41 |
| 42 CHEMOCAUTERY                  |        |        |        |        |          |          |          |          | 42 |
| 43 RADICAL MASTECTOMY            |        |        |        |        | 938.40*  | 938.40*  | 938.40*  | 938.40*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |        |        |        |        | 895.20*  | 895.20*  | 895.20*  | 895.20*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 23.75* | 20.00  | 20.00  | 20.00  | 26.90*   | 21.60*   | 20.00    | 23.00    | 45 |
| 46 CORONARY ARTERY BYPASS        |        |        |        |        | 2399.70  | 2815.50* | 2148.10* | 2399.70* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |        |        |        |        | 1623.70* | 1623.70* | 1623.70* | 1623.70* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |        |        |        |        | 18.00*   | 24.00    | 24.00    | 18.00*   | 48 |
| 49 BRONCHOSCOPY                  |        |        |        |        | 179.00*  | 217.00   | 179.00*  | 179.00*  | 49 |
| 50 THORACENTESIS                 |        |        |        |        | 72.40*   | 63.00    | 44.70*   | 42.50*   | 50 |
| 51 CATHETERIZATION OF HEART      |        |        |        |        |          |          |          |          | 51 |
| 52 INSERTION OF PACEMAKER        |        |        |        |        |          |          |          |          | 52 |
| 53 PARTIAL COLECTOMY             |        |        |        |        | 984.60*  | 800.00   | 984.60*  | 984.60*  | 53 |
| 54 APPENDECTOMY                  |        |        |        |        |          |          |          |          | 54 |
| 55 SIGMOIDOSCOPY                 |        |        |        |        | 44.70*   | 32.20*   | 44.70*   | 44.70*   | 55 |

| 1982 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF ALABAMA<br>LOCALITY DESIGNATION FOR GENERAL PRACTICE |        |        |        |        | ALABAMA<br>LOCALITY DESIGNATION FOR SPECIALIST |         |         |         |     |
|---|--------|--------|--------|--------|--|---------|---------|---------|-----|
| PROCEDURE DESCRIPTION   | 01     | 02     | 03     | 04     | 01   | 02      | 03      | 04      |     |
| 56 HEMORRHOIDECTOMY   |        |        |        |        | 375.90*  | 375.90* | 375.90* | 375.90* | 56  |
| 57 CHOLECYSTECTOMY  |        |        |        |        | 626.50*  | 626.50* | 626.50* | 671.50* | 57  |
| 58 REPAIR HERNIA  |        |        |        |        | 447.50*  | 375.90* | 358.10* | 402.80* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY   | 89.40* |        | 89.40* |        | 89.40*   | 71.70*  | 65.00*  | 88.00   | 59  |
| 60 DILATION OF URETHRA  |        |        |        |        | 20.00  | 15.00   | 24.00   | 45.00   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC   |        |        |        |        | 880.00   | 805.60* | 880.00  | 880.00  | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR)  |        | 880.00 |        |        | 716.20*  | 760.90* | 787.80* | 880.00  | 62  |
| 63 HYSTERECTOMY   |        |        |        |        | 805.60*  | 805.60* | 805.60* | 805.60* | 63  |
| 64 INITIAL COMPLETE EYE EXAM  |        |        |        |        | 24.90*   | 20.10*  | 18.80*  | 30.00   | 64  |
| 65 COMPREHENSIVE EYE EXAM   |        |        |        |        |  |         |         |         | 65  |
| 66 EYE EXAM WITH TONOMETRY  |        |        |        |        | 18.00  | 13.40*  | 15.70*  | 18.00   | 66  |
| 67 EXTRACTION OF LENS   |        | 800.00 |        |        | 805.60*  | 800.00  | 825.00  | 805.60* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW  | 22.50* | 26.90* | 21.50* | 26.90* | 23.30*   | 23.30*  | 18.00*  | 23.30*  | 68  |
| 69 CHEST X-RAY - TWO VIEWS  | 26.90* | 26.90* | 26.90* | 26.90* | 26.90*   | 26.90*  | 30.40*  | 26.90*  | 69  |
| 70 X-RAY SPINE  |        |        |        |        | 45.00  | 45.00   | 48.50*  | 45.00   | 70  |
| 71 X-RAY HIP  |        |        |        |        | 35.70*   | 35.70*  | 35.70*  | 35.70*  | 71  |
| 72 X-RAY UPPER GI TRACT   | 62.60* | 62.60* | 62.60* | 59.70* | 70.00  | 70.00   | 70.00   | 70.00   | 72  |
| 73 X-RAY COLON  |        |        |        |        | 62.60*   | 62.60*  | 71.70*  | 62.60*  | 73  |
| 74 RADIATION THERAPY-LOW VOLT   |        |        |        |        | 26.00  | 26.00   | 24.90*  |         | 74  |
| 75 RADIATION THERAPY-SUPER VOLT   |        |        |        |        | 25.00  |         | 25.00   |         | 75  |
| 76 RADIATION THERAPY-MEGAVOLT   |        |        |        |        |  |         |         |         | 76  |
| 77 CAT SCAN - HEAD  |        |        |        |        | 312.80*  |         | 315.20* | 306.50* | 77  |
| 78 CAT SCAN - ABDOMEN   |        |        |        |        |  |         |         |         | 78  |
| 79 THREE CHEMISTRY TESTS  |        |        |        |        |  |         |         |         | 79  |
| 80 NINETEEN CHEMISTRY TESTS   |        |        |        |        |  |         |         |         | 80  |
| 81 CULTURE - OTHER THAN BLOOD   |        |        |        |        |  |         |         |         | 81  |
| 82 HEMOGLOBIN   |        |        |        |        |  |         | 3.85L   |         | 82  |
| 83 AUTOMATED BLOOD COUNT  |        |        |        |        |  |         |         |         | 83  |
| 84 WHITE CELL COUNT   |        |        |        |        |  |         | 4.00L   |         | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)   |        |        |        |        |  |         | 9.00L   |         | 85  |
| 86 CHOLESTEROL TEST   |        |        |        |        |  |         |         |         | 86  |
| 87 FLOCCULATION TEST  |        |        |        |        |  |         |         |         | 87  |
| 88 HEMATOCRIT   |        |        |        |        |  |         | 4.00L   |         | 88  |
| 89 PLATELET COUNT (REES-ECKER)  |        |        |        |        |  |         |         |         | 89  |
| 90 POTASSIUM TEST - BLOOD   |        |        |        |        |  |         |         |         | 90  |
| 91 PROTHROMBIN TIME TEST  |        |        |        |        |  |         |         |         | 91  |
| 92 SEDIMENTATION RATE   |        |        |        |        |  |         |         |         | 92  |
| 93 BLOOD SUGAR  |        |        |        |        |  |         | 6.00L   |         | 93  |
| 94 BUN-UREA - NITROGEN  |        |        |        |        |  |         |         |         | 94  |
| 95 URIC ACID  |        |        |        |        |  |         |         |         | 95  |
| 96 FECES-OCULT BLOOD-SCREENING  |        |        |        |        |  |         |         |         | 96  |
| 97 PAP TEST   |        |        |        |        |  |         |         |         | 97  |
| 98 ROUTINE URINALYSIS   |        |        |        |        |  | 4.00L   |         |         | 98  |
| 99 CHEMICAL URINALYSIS  |        |        |        |        |  |         |         |         | 99  |
| 100 PATHOLOGY - THREE SPECIMENS   |        |        |        |        | 23.00L   | 23.00   | 23.00L  | 23.00   | 100 |
| 101 ELEC MONITORING-PACEMAKER   |        |        |        |        |  | 35.00   | 35.00   |         | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL  |        |        |        |        |  |         |         |         | 102 |
| 103 KIDNEY TRANSPLANT   |        |        |        |        |  |         |         |         | 103 |
| 104 HOSPITAL BED - RENTAL   |        |        |        |        | 40.40L   | 40.40L  | 40.40L  | 40.40L  | 104 |
| 105 WALKER - RENTAL   |        |        |        |        | 11.00  | 11.00L  | 11.00L  | 11.00L  | 105 |
| 106 WHEELCHAIR - RENTAL   |        |        |        |        | 23.40L   | 23.40L  | 23.40L  | 23.40L  | 106 |
| 107 LIQUID OXYGEN - RENTAL  |        |        |        |        | 31.20L   | 31.20L  |         |         | 107 |
| 108 HOSPITAL BED - PURCHASE   |        |        |        |        | 424.00L  | 424.00L | 424.00L | 424.00L | 108 |
| 109 WALKER - PURCHASE   |        |        |        |        |  |         |         |         | 109 |
| 110 WHEELCHAIR - PURCHASE   |        |        |        |        |  |         |         |         | 110 |

1982 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF ALABAMA  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ALABAMA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 05     | 06     | 05       | 06       |    |
|----------------------------------|--------|--------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |        |        |          |          | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   |        |        |          |          | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |        |        |          |          | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 35.00  | 25.00  | 62.60*   | 50.00    | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  |        |        |          |          | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 15.00* | 12.00* | 18.00*   | 12.50*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  |        |        |          |          | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 20.00  | 15.00  | 26.90*   | 18.00*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      |        |        |          |          | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 40.00  | 25.00  | 58.00    | 50.00    | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 20.00  | 18.00* | 18.00*   | 18.00*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |        |        |          |          | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   |        |        |          |          | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |        |        |          |          | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 15.00* | 12.00* | 18.00*   | 12.50*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  |        |        |          |          | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |        |        | 62.60*   | 60.00    | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   |        |        |          |          | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 18.00* | 12.50* | 18.00*   | 12.00*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    |        |        |          |          | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   |        |        |          |          | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |        |        |          |          | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |        |        | 26.90*   | 25.00    | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |        |        |          |          | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |        |        |          |          | 25 |
| 26 LIMITED CONSULTATION          | 44.70* | 35.00  | 62.60*   | 53.70*   | 26 |
| 27 EXTENSIVE CONSULTATION        |        |        |          |          | 27 |
| 28 COMPREHENSIVE CONSULTATION    |        |        | 80.40*   | 71.70*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |        |        | 54.00*   | 60.00    | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |        |        | 35.00    | 26.90*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |        | 7.70*  | 11.00*   | 10.00    | 31 |
| 32 INITIAL PHYSIOTHERAPY         |        |        |          |          | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |        |        |          |          | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 30.00  | 25.00  | 30.00    | 25.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 15.00  | 15.00  | 15.00    | 15.00    | 35 |
| 36 SPIROMETRY                    |        |        |          |          | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |        |        | 45.00    |          | 37 |
| 38 CHEMOTHERAPY                  |        |        |          |          | 38 |
| 39 COLLECTION OF SPECIMENS       |        |        |          |          | 39 |
| 40 DEBRIDEMENT OF NAILS          |        |        |          |          | 40 |
| 41 SKIN BIOPSY                   |        |        | 50.00    | 35.00*   | 41 |
| 42 CHEMOCAUTERY                  |        |        |          |          | 42 |
| 43 RADICAL MASTECTOMY            |        |        | 828.40*  | 938.40*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |        |        | 895.20*  | 1056.40* | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 20.00  | 15.00  | 26.90*   | 21.90*   | 45 |
| 46 CORONARY ARTERY BYPASS        |        |        | 2629.10* | 2399.70  | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |        |        | 1623.70* | 1623.70* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |        |        | 24.00    | 18.00*   | 48 |
| 49 BRONCHOSCOPY                  |        |        | 179.00*  | 179.00*  | 49 |
| 50 THORACENTESIS                 |        |        | 100.00   |          | 50 |
| 51 CATHETERIZATION OF HEART      |        |        |          |          | 51 |
| 52 INSERTION OF PACEMAKER        |        |        |          |          | 52 |
| 53 PARTIAL COLECTOMY             |        |        | 1200.00  | 984.60*  | 53 |
| 54 APPENDECTOMY                  |        |        |          |          | 54 |
| 55 SIGMOIDOSCOPY                 |        |        | 44.70*   | 44.70*   | 55 |

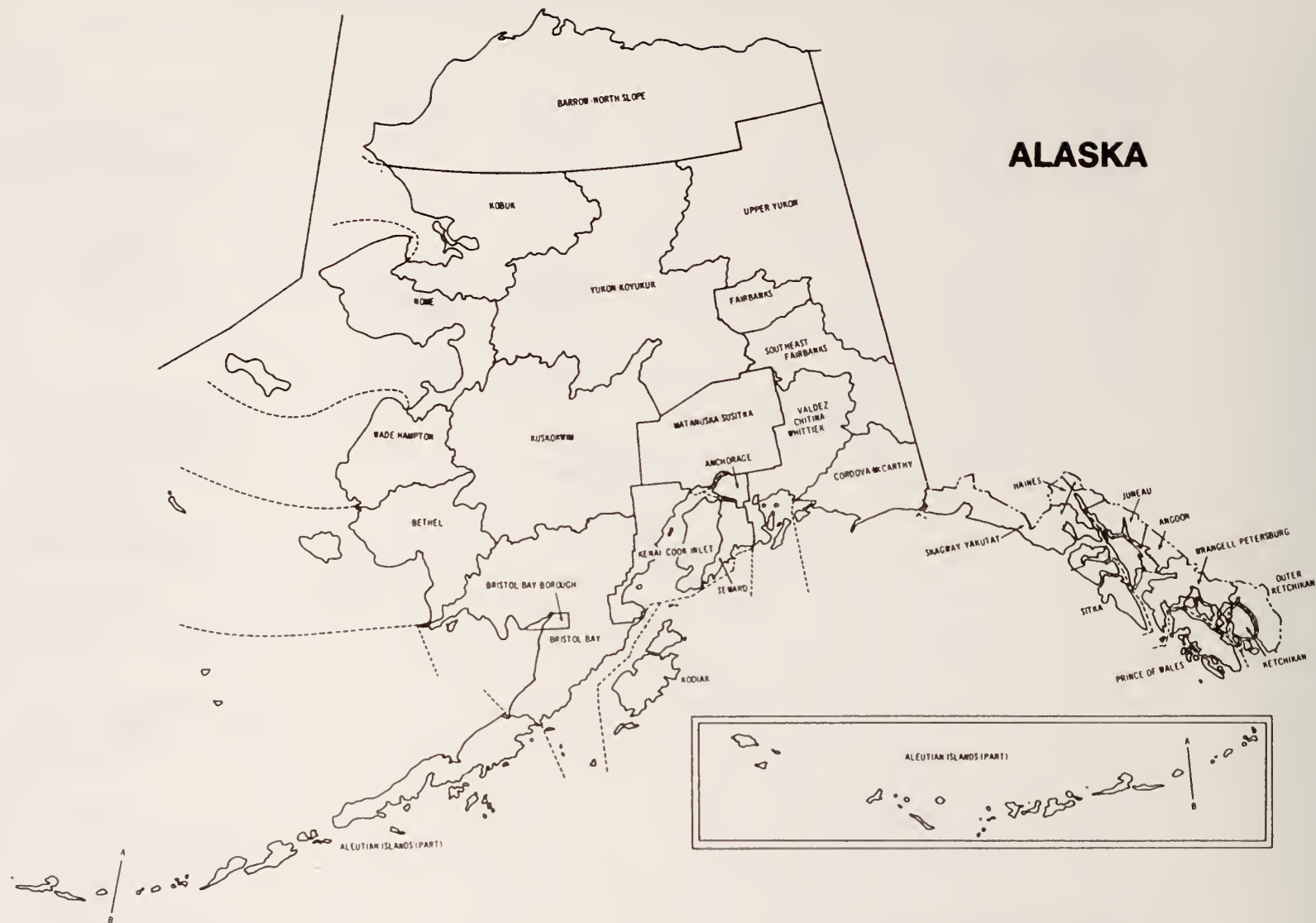


1982 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF ALABAMA  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ALABAMA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 05     | 06      | 05      | 06      |     |
|----------------------------------|--------|---------|---------|---------|-----|
| 56 HEMORRHOIDECTOMY              |        |         | 375.90* | 375.90* | 56  |
| 57 CHOLECYSTECTOMY               |        |         | 716.20* | 581.80* | 57  |
| 58 REPAIR HERNIA                 |        |         | 447.50* | 322.40* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 75.00  | 89.40*  | 62.60*  | 71.70*  | 59  |
| 60 DILATION OF URETHRA           |        |         | 30.00   | 18.00*  | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |        |         | 880.00  | 880.00  | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) |        | 841.00* | 895.20* | 805.60* | 62  |
| 63 HYSTERECTOMY                  |        |         | 805.60* | 805.60* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |        |         | 28.60*  | 30.00   | 64  |
| 65 COMPREHENSIVE EYE EXAM        |        |         |         |         | 65  |
| 66 EYE EXAM WITH TONOMETRY       |        |         | 15.00   | 18.00   | 66  |
| 67 EXTRACTION OF LENS            |        |         | 895.20* | 895.20* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 25.00  | 21.50*  | 20.00*  | 17.30*  | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 32.50  | 26.90*  | 26.90*  | 26.90*  | 69  |
| 70 X-RAY SPINE                   |        |         | 35.00   | 45.00   | 70  |
| 71 X-RAY HIP                     |        |         | 30.00   | 35.70*  | 71  |
| 72 X-RAY UPPER GI TRACT          | 62.60* | 62.60*  | 62.60*  | 70.00   | 72  |
| 73 X-RAY COLON                   |        |         | 62.60*  | 62.60*  | 73  |
| 74 RADIATION THERAPY-LDW VOLT    |        |         | 19.75*  |         | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |        |         | 25.00   |         | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |        |         |         |         | 76  |
| 77 CAT SCAN - HEAD               |        |         | 309.30* |         | 77  |
| 78 CAT SCAN - ABDOMEN            |        |         |         |         | 78  |
| 79 THREE CHEMISTRY TESTS         |        |         |         |         | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |        |         |         |         | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |        |         |         |         | 81  |
| 82 HEMOGLOBIN                    |        |         |         |         | 82  |
| 83 AUTOMATED BLOOD COUNT         |        |         |         |         | 83  |
| 84 WHITE CELL COUNT              |        |         |         |         | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |        |         |         |         | 85  |
| 86 CHOLESTEROL TEST              |        |         |         |         | 86  |
| 87 FLOCCULATION TEST             |        |         |         |         | 87  |
| 88 HEMATOCRIT                    |        |         |         |         | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |        |         |         |         | 89  |
| 90 POTASSIUM TEST - BLOOD        |        |         |         |         | 90  |
| 91 PROTHROMBIN TIME TEST         |        |         |         |         | 91  |
| 92 SEDIMENTATION RATE            |        |         |         |         | 92  |
| 93 BLOOD SUGAR                   |        |         |         |         | 93  |
| 94 BUN-UREA - NITROGEN           |        |         |         |         | 94  |
| 95 URIC ACID                     |        |         |         |         | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |        |         |         |         | 96  |
| 97 PAP TEST                      |        |         |         |         | 97  |
| 98 ROUTINE URINALYSIS            |        |         |         |         | 98  |
| 99 CHEMICAL URINALYSIS           |        |         |         |         | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |        |         | 23.00   | 23.00   | 100 |
| 101 ELEC MONITORING-PACEMAKER    |        |         | 35.00   |         | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |        |         |         |         | 102 |
| 103 KIDNEY TRANSPLANT            |        |         |         |         | 103 |
| 104 HOSPITAL BED - RENTAL        |        |         | 40.40L  | 40.40L  | 104 |
| 105 WALKER - RENTAL              |        |         | 11.00L  | 11.00L  | 105 |
| 106 WHEELCHAIR - RENTAL          |        |         | 23.40L  | 23.40L  | 106 |
| 107 LIQUID OXYGEN - RENTAL       |        |         | 31.20L  | 31.20L  | 107 |
| 108 HOSPITAL BED - PURCHASE      |        |         | 424.00L | 424.00L | 108 |
| 109 WALKER - PURCHASE            |        |         |         |         | 109 |
| 110 WHEELCHAIR - PURCHASE        |        |         |         |         | 110 |

ALASKA



One Locality - Statewide



1982 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ALASKA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | SINGLE  | SINGLE   |    |
|----------------------------------|---------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         | 28.60*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 35.80*  | 44.70*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         | 80.10*   | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 102.75* | 89.60*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 14.30*  | 15.30*   | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 21.50*  | 21.50*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 26.70*  | 28.60*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 26.70*  | 35.80*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 45.00   | 53.70*   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 68.00*  | 89.60*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 35.00   | 30.00    | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         | 50.00    | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 46.70*  |          | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         | 18.30*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 17.90*  |          | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 53.70*  | 53.70*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         | 89.60*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 102.75* | 89.60*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 21.50*  | 21.50*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 35.00   | 42.00    | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 48.30*  | 50.00    | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         | 61.90*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         | 35.40*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         | 47.70*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         | 82.50*   | 25 |
| 26 LIMITED CONSULTATION          | 46.20*  | 49.00*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         | 83.70*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         | 89.60*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         | 53.70*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         | 24.10*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |         | 19.40*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |          | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         | 14.00*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 50.00   | 45.70*   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 21.50*  | 21.50*   | 35 |
| 36 SPIROMETRY                    |         |          | 36 |
| 37 ELECTROENCEPHALOGRAPH (EEG)   |         |          | 37 |
| 38 CHEMOTHERAPY                  |         |          | 38 |
| 39 COLLECTION OF SPECIMENS       |         |          | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |          | 40 |
| 41 SKIN BIOPSY                   |         | 40.00    | 41 |
| 42 CHEMOCAUTERY                  |         | 25.50*   | 42 |
| 43 RADICAL MASTECTOMY            |         |          | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         | 357.30*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 41.30*  | 44.70*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         |          | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         | 629.00*  | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         | 33.25*   | 48 |
| 49 BRONCHOSCOPY                  |         | 229.70*  | 49 |
| 50 THORACENTESIS                 |         |          | 50 |
| 51 CATHETERIZATION OF HEART      |         |          | 51 |
| 52 INSERTION OF PACEMAKER        |         |          | 52 |
| 53 PARTIAL COLECTOMY             |         | 1431.80* | 53 |
| 54 APPENDECTOMY                  |         |          | 54 |
| 55 SIGMOIDOSCOPY                 |         | 53.70*   | 55 |

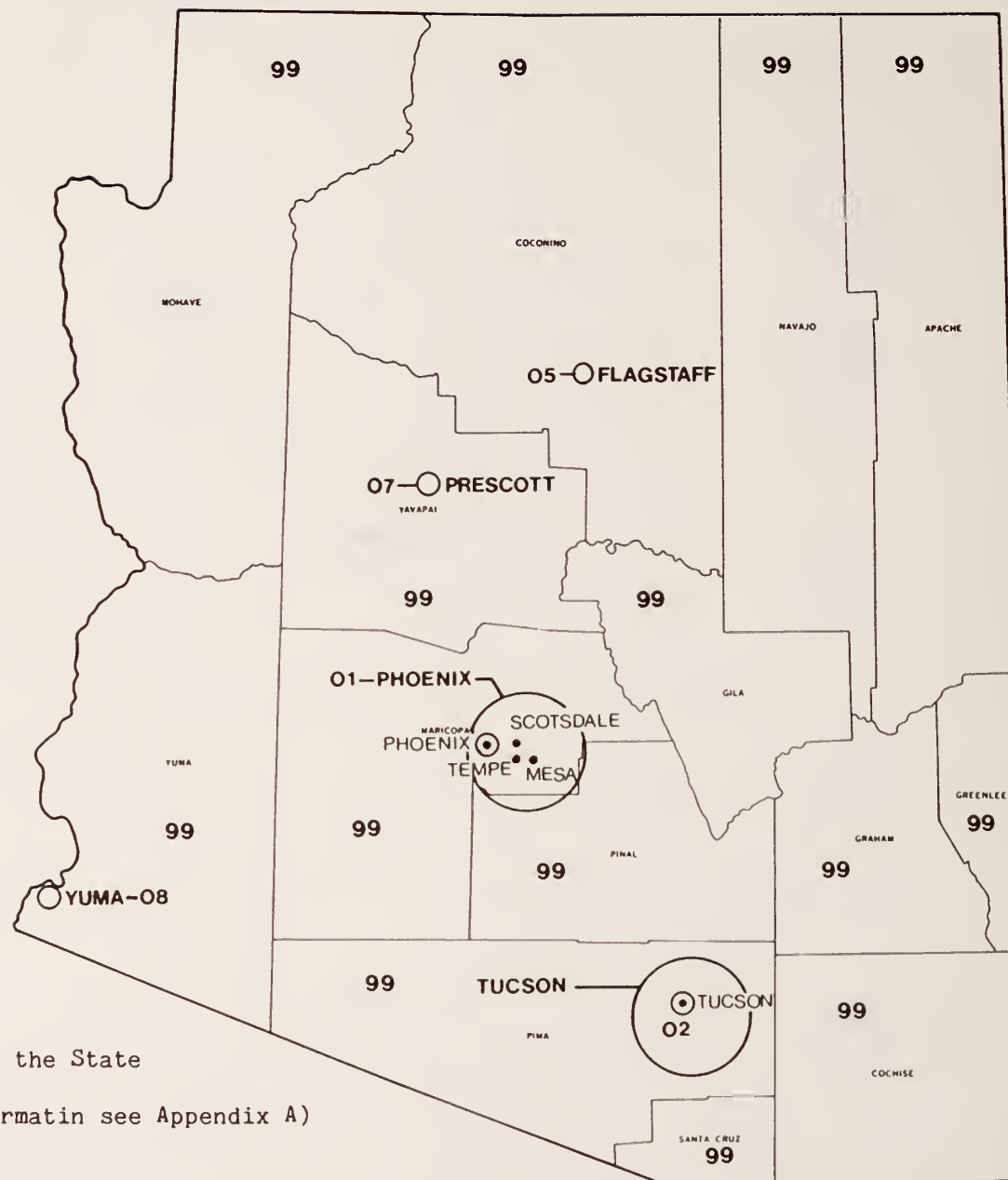
1982 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ALASKA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | SINGLE   | SINGLE   |     |
|----------------------------------|----------|----------|-----|
| 56 HEMORRHOIDECTOMY              |          |          | 56  |
| 57 CHOLECYSTECTOMY               |          | 1038.10* | 57  |
| 58 REPAIR HERNIA                 |          | 143.00*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  |          |          | 59  |
| 60 DILATION OF URETHRA           |          |          | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |          |          | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 1331.60* | 1288.50* | 62  |
| 63 HYSTERECTOMY                  |          | 232.30*  | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |          | 42.90*   | 64  |
| 65 COMPREHENSIVE EYE EXAM        |          | 44.00    | 65  |
| 66 EYE EXAM WITH TONOMETRY       |          | 15.60*   | 66  |
| 67 EXTRACTION OF LENS            | 1331.60* | 1431.80* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 32.25*   | 36.50    | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 44.70*   | 42.90*   | 69  |
| 70 X-RAY SPINE                   |          | 56.60*   | 70  |
| 71 X-RAY HIP                     |          | 53.70*   | 71  |
| 72 X-RAY UPPER GI TRACT          |          | 86.00*   | 72  |
| 73 X-RAY COLON                   | 100.30*  | 77.80*   | 73  |
| 74 RADIATION THERAPY-LDW VOLT    |          |          | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |          |          | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |          |          | 76  |
| 77 CAT SCAN - HEAD               |          |          | 77  |
| 78 CAT SCAN - ABDOMEN            |          |          | 78  |
| 79 THREE CHEMISTRY TESTS         |          | 35.00    | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |          | 25.00    | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |          | 25.00    | 81  |
| 82 HEMOGLOBIN                    |          |          | 82  |
| 83 AUTOMATED BLOOD COUNT         |          |          | 83  |
| 84 WHITE CELL COUNT              |          |          | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |          |          | 85  |
| 86 CHOLESTEROL TEST              |          |          | 86  |
| 87 FLOCCULATION TEST             |          |          | 87  |
| 88 HEMATOCRIT                    |          | 10.50    | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |          | 12.50    | 89  |
| 90 POTASSIUM TEST - BLOOD        |          | 19.50    | 90  |
| 91 PROTHROMBIN TIME TEST         |          |          | 91  |
| 92 SEDIMENTATION RATE            |          |          | 92  |
| 93 BLOOD SUGAR                   |          |          | 93  |
| 94 BUN-UREA - NITROGEN           |          |          | 94  |
| 95 URIC ACID                     |          |          | 95  |
| 96 FECES-OCULT BLOOD-SCREENING   |          |          | 96  |
| 97 PAP TEST                      |          |          | 97  |
| 98 ROUTINE URINALYSIS            |          |          | 98  |
| 99 CHEMICAL URINALYSIS           |          |          | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |          | 38.50    | 100 |
| 101 ELECT MONITORING-PACEMAKER   |          |          | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |          |          | 102 |
| 103 KIDNEY TRANSPLANT            |          |          | 103 |
| 104 HOSPITAL BED - RENTAL        |          |          | 104 |
| 105 WALKER - RENTAL              |          |          | 105 |
| 106 WHEELCHAIR - RENTAL          |          |          | 106 |
| 107 LIQUID OXYGEN - RENTAL       |          |          | 107 |
| 108 HOSPITAL BED - PURCHASE      |          |          | 108 |
| 109 WALKER - PURCHASE            |          |          | 109 |
| 110 WHEELCHAIR - PURCHASE        |          |          | 110 |

ARIZONA

# ARIZONA



## Six Localities:

- 01 - Phoenix
- 02 - Tucson
- 05 - Flagstaff
- 07 - Prescott
- 08 - Yum
- 99 - All other parts of the State

(For more locality informatin see Appendix A)

| 1982 PREVAILING CHARGE SUMMARY DATA      AETNA LIFE AND CASUALTY |        |         |        |         | ARIZONA                             |          |          |          |    |
|--|--------|---------|--------|---------|-------------------------------------|----------|----------|----------|----|
| LOCALITY DESIGNATION FOR GENERAL PRACTICE                        |        |         |        |         | LOCALITY DESIGNATION FOR SPECIALIST |          |          |          |    |
| PROCEDURE DESCRIPTION  | 01     | 02      | 05     | 07      | 01                                  | 02       | 05       | 07       |    |
| 1 INITIAL BRIEF OFFICE VISIT                                     |        |         |        |         | 30.00                               | 25.00    | 29.00*   | 26.70*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT                                   | 30.00  | 25.00   | 35.00  | 40.00   | 50.00                               | 37.00    | 45.00    | 44.70*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT                                  |        |         |        |         | 48.60*                              | 60.00    | 48.60*   | 37.90*   | 3  |
| 4 INITIAL COMP OFFICE VISIT                                      | 62.60* | 50.00   | 40.00* | 40.00   | 80.50*                              | 75.00    | 62.60*   | 62.60*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT                                  | 9.00*  | 9.00*   | 7.20*  | 7.20*   | 10.80*                              | 9.00*    | 6.00*    | 9.00*    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT                                    | 14.30* | 14.30*  | 12.60* | 14.30*  | 21.50*                              | 17.90*   | 14.60*   | 14.60*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT                                  | 17.90* | 17.90*  | 15.00  | 26.00   | 23.00                               | 20.00    | 20.00    | 17.90*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT                                  | 34.00  | 20.00   | 17.90* | 15.00*  | 26.70*                              | 22.00    | 20.00    | 25.00    | 8  |
| 9 EXTENDED F/U OFFICE VISIT                                      | 40.00  | 35.00   | 40.00  | 25.00*  | 40.00                               | 45.00    | 34.60*   | 55.00    | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT                                    | 55.00  | 20.00   | 40.00  | 35.80*  | 62.60*                              | 55.00    | 40.00*   | 62.60*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT                                     | 26.70* | 26.70*  | 26.70* | 25.00   | 26.70*                              | 25.00    | 26.70*   | 26.70*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT                                   |        |         |        |         | 35.00                               | 35.00    | 35.00    |          | 12 |
| 13 INTERMEDIATE F/U HOME VISIT                                   | 37.70* | 44.70*  |        | 30.75*  |                                     |          |          |          | 13 |
| 14 EXTENDED CARE FACILITY VISIT                                  |        |         |        |         | 20.00                               | 27.00    |          | 27.00    | 14 |
| 15 BRIEF F/U NURSING HOME VISIT                                  | 25.10* | 26.70*  |        | 17.90*  |                                     |          |          |          | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT                                  | 44.70* | 50.00   | 53.70* | 35.80*  | 62.60*                              | 50.00    | 45.00*   | 43.60*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT                                  |        |         |        |         | 62.60*                              | 53.70*   | 71.50*   | 72.50*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT                                   | 62.60* | 64.40*  | 53.70* | 35.80*  | 85.00                               | 62.60*   | 71.50*   | 80.50*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT                                 | 17.90* | 17.90*  | 17.90* | 14.30*  | 21.50*                              | 17.90*   | 15.00*   | 14.60*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT                                    | 25.00  | 20.00   | 24.00  | 22.00   | 26.70*                              | 22.00    | 26.00    | 21.50*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT                                   | 25.00  | 25.00   | 25.00  | 15.40*  | 26.70*                              | 22.50*   | 24.30*   | 19.00*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT                                   |        |         |        |         | 35.00                               | 37.20    | 35.00    | 35.00    | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT                                    |        |         |        |         | 27.00                               | 27.50    |          | 27.50    | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT                                  |        |         |        |         | 48.00*                              | 36.50    | 40.00    |          | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT                                 |        |         |        |         | 75.80*                              | 35.00    |          | 47.20*   | 25 |
| 26 LIMITED CONSULTATION  | 45.70* | 50.00   | 49.80* | 49.80*  | 80.00                               | 72.50*   | 70.00    | 80.00    | 26 |
| 27 EXTENSIVE CONSULTATION  |        |         |        |         | 72.20*                              | 65.00    | 65.00    | 65.00    | 27 |
| 28 COMPREHENSIVE CONSULTATION                                    |        |         |        |         | 89.60*                              | 75.20*   | 80.50*   | 80.50*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR  |        |         |        |         | 51.80*                              | 37.40*   | 61.40*   | 61.40*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR                                       |        |         |        |         | 34.50*                              | 22.50*   | 36.80*   | 36.80*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT                                     | 14.10* |         |        |         | 17.10*                              | 15.00    | 13.90*   | 15.00    | 31 |
| 32 INITIAL PHYSIOTHERAPY   |        |         |        |         | 17.90*                              | 17.90*   |          |          | 32 |
| 33 F/U PODIATRIC OFFICE VISIT                                    |        |         |        |         | 17.90*                              | 17.90*   | 14.60*   | 17.90*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)                                       | 32.25* | 30.00   | 26.00  | 35.80*  | 35.00                               | 26.70*   | 25.00    | 28.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY                                 | 6.25   | 9.00*   |        |         | 6.25                                | 7.50     | 7.50     |          | 35 |
| 36 SPIROMETRY  |        |         |        |         | 40.00                               | 40.00    |          |          | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)                                    |        |         |        |         | 85.00                               | 89.60*   |          |          | 37 |
| 38 CHEMOTHERAPY  |        |         |        |         | 23.30                               | 10.00    | 20.00    | 20.00    | 38 |
| 39 COLLECTION OF SPECIMENS                                       |        |         |        |         | 6.50                                | 5.00     | 6.00     |          | 39 |
| 40 DEBRIDEMENT OF NAILS  |        |         |        |         | 18.00                               | 18.00    |          | 17.50*   | 40 |
| 41 SKIN BIOPSY   |        |         |        |         | 36.00                               | 40.00    | 40.00    | 36.50*   | 41 |
| 42 CHEMOCAUTERY  |        |         |        |         | 20.00                               | 25.00    | 25.00    | 24.30*   | 42 |
| 43 RADICAL MASTECTOMY  |        |         |        |         |                                     |          |          |          | 43 |
| 44 OPEN REDUCTION OF FRACTURE                                    |        |         |        |         | 1181.40*                            | 1002.40* | 713.30*  | 1082.80* | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT                                    | 30.00  | 25.00   | 22.50* | 30.00   | 35.00                               | 35.00    | 34.00*   | 32.00*   | 45 |
| 46 CORONARY ARTERY BYPASS  |        |         |        |         |                                     |          |          |          | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE                                  |        |         |        |         | 2147.70*                            | 2094.10* | 1797.10* | 534.60*  | 47 |
| 48 NEEDLE PUNCTURE OF BURSA                                      |        |         |        |         | 37.70*                              | 24.30*   | 35.80*   | 23.20*   | 48 |
| 49 BRONCHOSCOPY  |        |         |        |         | 182.60*                             | 204.30*  | 214.75*  | 214.75*  | 49 |
| 50 THORACENTESIS   |        |         |        |         | 44.70*                              | 44.70*   |          |          | 50 |
| 51 CATHETERIZATION OF HEART                                      |        |         |        |         | 537.00*                             | 519.00*  |          |          | 51 |
| 52 INSERTION OF PACEMAKER  |        |         |        |         | 1217.10*                            | 1342.40* |          |          | 52 |
| 53 PARTIAL COLECTOMY   |        |         |        |         | 1145.40*                            | 1073.90* | 1145.40* | 1145.40* | 53 |
| 54 APPENDECTOMY  | 522.00 | 143.10* |        | 135.80* | 522.00                              | 543.00   |          | 543.00   | 54 |
| 55 SIGMOIDOSCOPY   |        |         |        |         | 44.70*                              | 35.80*   | 32.25*   | 35.80*   | 55 |



| 1982 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY |          |         |        |        | ARIZONA                             |          |         |         |     |
|---|----------|---------|--------|--------|-------------------------------------|----------|---------|---------|-----|
| LOCALITY DESIGNATION FOR GENERAL PRACTICE                   |          |         |        |        | LOCALITY DESIGNATION FOR SPECIALIST |          |         |         |     |
| PROCEDURE DESCRIPTION                                       | 01       | 02      | 05     | 07     | 01                                  | 02       | 05      | 07      |     |
| 56 HEMORRHOIDECTOMY   |          |         |        |        | 447.50*                             | 408.10*  | 363.10* | 417.10* | 56  |
| 57 CHOLECYSTECTOMY  |          |         |        |        | 850.20*                             | 751.70*  | 644.40* | 730.20* | 57  |
| 58 REPAIR HERNIA  |          |         |        |        | 501.20*                             | 465.40*  | 411.70* | 426.00* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY                             | 61.00*   | 51.10*  |        |        | 62.60*                              | 71.50*   | 62.60*  | 62.60*  | 59  |
| 60 DILATION OF URETHRA                                      |          |         |        |        | 25.00                               | 20.00    |         | 25.00   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC                               |          |         |        |        | 1002.40*                            | 930.60*  |         | 948.50* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR)                            | 1002.40* | 268.20* |        |        | 1002.40*                            | 930.60*  | 984.40* | 984.40* | 62  |
| 63 HYSTERECTOMY   |          |         |        |        | 894.90*                             | 894.90*  | 851.60* | 779.50* | 63  |
| 64 INITIAL COMPLETE EYE EXAM                                |          |         |        |        | 35.00                               | 32.00    | 33.60   | 35.80*  | 64  |
| 65 COMPREHENSIVE EYE EXAM                                   |          |         |        |        | 34.50*                              | 30.90*   |         |         | 65  |
| 66 EYE EXAM WITH TONOMETRY                                  |          |         |        |        | 17.90*                              | 17.90*   | 13.60*  | 17.30*  | 66  |
| 67 EXTRACTION OF LENS                                       | 176.50*  |         |        |        | 894.90*                             | 894.90*  | 894.90* | 894.90* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW                                | 26.00    | 24.00   | 26.70* | 28.60* | 28.00                               | 21.50*   | 21.50*  |         | 68  |
| 69 CHEST X-RAY - TWO VIEWS                                  | 32.25*   | 32.25*  | 32.25* | 28.60* | 30.00*                              | 32.25*   | 32.25*  |         | 69  |
| 70 X-RAY SPINE  |          |         |        |        | 51.00                               | 32.25*   | 33.00*  |         | 70  |
| 71 X-RAY HIP  |          |         |        |        | 39.40*                              | 32.25*   | 35.80*  |         | 71  |
| 72 X-RAY UPPER GI TRACT                                     | 75.20*   | 45.00*  | 75.20* | 75.20* | 74.40*                              | 75.20*   | 61.30*  |         | 72  |
| 73 X-RAY COLON  |          |         |        |        | 70.20*                              | 64.40*   | 53.70*  |         | 73  |
| 74 RAOIATION THERAPY-LOW VOLT                               |          |         |        |        | 26.70*                              | 26.70*   |         |         | 74  |
| 75 RAOIATION THERAPY-SUPER VOLT                             |          |         |        |        |                                     |          |         |         | 75  |
| 76 RAOIATION THERAPY-MEGAVOLT                               |          |         |        |        |                                     |          |         |         | 76  |
| 77 CAT SCAN - HEAD  |          |         |        |        | 280.00                              | 278.60*  | 280.00  |         | 77  |
| 78 CAT SCAN - ABOOMEN                                       |          |         |        |        |                                     |          |         |         | 78  |
| 79 THREE CHEMISTRY TESTS                                    |          |         |        |        | 23.00                               | 15.00    | 19.00   |         | 79  |
| 80 NINETEEN CHEMISTRY TESTS                                 |          |         |        |        | 18.00                               | 15.00    | 22.00   |         | 80  |
| 81 CULTURE - OTHER THAN BLOOD                               |          |         |        |        | 15.90*                              | 13.00    |         |         | 81  |
| 82 HEMOGLOBIN   |          |         |        |        | 5.00                                | 3.00     | 5.00    |         | 82  |
| 83 AUTOMATED BLOOD COUNT                                    |          |         |        |        | 6.00                                | 6.00     |         |         | 83  |
| 84 WHITE CELL COUNT   |          |         |        |        | 4.50                                |          | 4.50    |         | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)                               |          |         |        |        | 10.00                               | 9.50     | 12.00   |         | 85  |
| 86 CHOLESTEROL TEST   |          |         |        |        | 9.00                                | 8.00     |         |         | 86  |
| 87 FLOCCULATION TEST  |          |         |        |        | 7.00                                | 10.00    |         |         | 87  |
| 88 HEMATOCRIT   |          |         |        |        |                                     | 3.00     | 4.00    |         | 88  |
| 89 PLATELET COUNT (REES-ECKER)                              |          |         |        |        | 7.40                                | 9.00     | 7.50    |         | 89  |
| 90 POTASSIUM TEST - BLOOD                                   |          |         |        |        | 8.00                                | 8.00     | 8.50    |         | 90  |
| 91 PROTHROMBIN TIME TEST                                    |          |         |        |        | 8.00                                | 7.00     | 8.50    |         | 91  |
| 92 SEDIMENTATION RATE                                       |          |         |        |        | 6.50                                |          | 6.00    |         | 92  |
| 93 BLOOD SUGAR  |          |         |        |        | 8.00                                | 7.50     | 8.00    |         | 93  |
| 94 BUN-UREA - NITROGEN                                      |          |         |        |        | 8.00                                | 7.50     | 8.00    |         | 94  |
| 95 URIC ACID  |          |         |        |        |                                     | 10.00    | 9.00    |         | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING                             |          |         |        |        | 6.00                                | 5.00     | 3.00    |         | 96  |
| 97 PAP TEST   |          |         |        |        | 10.00                               | 7.60     | 8.00    |         | 97  |
| 98 ROUTINE URINALYSIS                                       |          |         |        |        | 7.00                                | 6.00     |         |         | 98  |
| 99 CHEMICAL URINALYSIS                                      |          |         |        |        | 4.00                                |          |         |         | 99  |
| 100 PATHOLOGY - THREE SPECIMENS                             |          |         |        |        | 20.00                               | 20.00    | 22.50   |         | 100 |
| 101 ELEC MONITORING-PACEMAKER                               |          |         |        |        | 38.20*                              | 38.00    |         | 35.20*  | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL                            |          |         |        |        | 1167.40*                            | 1241.70* |         |         | 102 |
| 103 KIDNEY TRANSPLANT                                       |          |         |        |        | 350.20*                             |          |         |         | 103 |
| 104 HOSPITAL BED - RENTAL                                   |          |         |        |        |                                     |          |         |         | 104 |
| 105 WALKER - RENTAL   |          |         |        |        | 12.10*                              | 10.60    | 12.10*  | 12.10*  | 105 |
| 106 WHEELCHAIR - RENTAL                                     |          |         |        |        | 27.60*                              | 26.00*   | 27.25   | 27.25   | 106 |
| 107 LIQUID OXYGEN - RENTAL                                  |          |         |        |        | 42.50*                              | 42.50*   | 42.50*  | 42.50   | 107 |
| 108 HOSPITAL BED - PURCHASE                                 |          |         |        |        | 580.00*                             | 580.00*  |         | 580.00* | 108 |
| 109 WALKER - PURCHASE                                       |          |         |        |        |                                     |          |         |         | 109 |
| 110 WHEELCHAIR - PURCHASE                                   |          |         |        |        |                                     |          |         |         | 110 |

1982 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ARIZONA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 08     | 08       |    |
|----------------------------------|--------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |        | 29.00*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 22.50  | 50.00    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |        | 47.90*   | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 25.00  | 53.10*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 3.60*  | 6.00*    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 13.40* | 12.60*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 17.00  | 21.70*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 15.00  | 25.00    | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 26.70* | 30.50*   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 50.00  | 62.60*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 26.70* |          | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |        |          | 12 |
| 13 INTERMDIATE F/U HOME VISIT    |        |          | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |        | 27.00    | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 15.00  |          | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 55.00  | 43.60*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |        | 62.60*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 80.50* | 71.50*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 15.00  | 14.60*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 20.00  | 26.00    | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 17.50  | 26.70*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |        | 35.00    | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |        | 27.50    | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |        | 40.00    | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |        | 50.00    | 25 |
| 26 LIMITED CONSULTATION          | 49.80* | 80.00    | 26 |
| 27 EXTENSIVE CONSULTATION        |        | 65.00    | 27 |
| 28 COMPREHENSIVE CONSULTATION    |        | 62.60*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |        | 61.40*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |        | 36.80*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 15.00  | 11.60*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |        |          | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |        | 10.00*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 26.70* | 35.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY |        |          | 35 |
| 36 SPIROMETRY                    |        | 40.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |        | 89.60*   | 37 |
| 38 CHEMOTHERAPY                  |        | 15.30*   | 38 |
| 39 COLLECTION OF SPECIMENS       |        | 6.00     | 39 |
| 40 DEBRIDEMENT OF NAILS          |        |          | 40 |
| 41 SKIN BIOPSY                   |        | 36.70*   | 41 |
| 42 CHEMOCAUTERY                  |        |          | 42 |
| 43 RADICAL MASTECTOMY            |        |          | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |        | 317.80*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 30.00  | 35.00    | 45 |
| 46 CORONARY ARTERY BYPASS        |        |          | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |        | 2147.70* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |        | 36.00    | 48 |
| 49 BRONCHOSCOPY                  |        | 214.75*  | 49 |
| 50 THORACENTESIS                 |        |          | 50 |
| 51 CATHERIZATION OF HEART        |        |          | 51 |
| 52 INSERTION OF PACEMAKER        |        | 274.75*  | 52 |
| 53 PARTIAL COLECTOMY             |        | 973.60*  | 53 |
| 54 APPENOECTOMY                  |        | 524.50*  | 54 |
| 55 SIGMOIDOSCOPY                 |        | 28.60*   | 55 |

1982 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ARIZONA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | O8       | O8       |     |
|----------------------------------|----------|----------|-----|
| 56 HEMORRHOIDECTOMY              |          |          | 56  |
| 57 CHOLECYSTECTOMY               |          |          | 57  |
| 58 REPAIR HERNIA                 |          | 426.00*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  |          | 61.00*   | 59  |
| 60 DILATION OF URETHRA           |          | 15.00*   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |          | 902.00*  | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 1002.40* | 973.60*  | 62  |
| 63 HYSTERECTOMY                  |          |          | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |          | 28.60*   | 64  |
| 65 COMPREHENSIVE EYE EXAM        |          | 30.90*   | 65  |
| 66 EYE EXAM WITH TONOMETRY       |          | 14.60*   | 66  |
| 67 EXTRACTION OF LENS            |          | 894.90*  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 19.70*   | 22.00*   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 21.00*   | 32.25*   | 69  |
| 70 X-RAY SPINE                   |          | 40.00    | 70  |
| 71 X-RAY HIP                     |          | 38.90*   | 71  |
| 72 X-RAY UPPER GI TRACT          | 64.40*   | 74.20*   | 72  |
| 73 X-RAY COLON                   |          | 70.50*   | 73  |
| 74 RADIATION THERAPY-LOW VOLT    |          |          | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |          |          | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |          |          | 76  |
| 77 CAT SCAN - HEAD               |          |          | 77  |
| 78 CAT SCAN - ABOOMEN            |          |          | 78  |
| 79 THREE CHEMISTRY TESTS         |          | 30.00    | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |          | 21.00    | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |          | 25.00    | 81  |
| 82 HEMOGLOBIN                    |          | 5.00     | 82  |
| 83 AUTOMATED BLOOD COUNT         |          |          | 83  |
| 84 WHITE CELL COUNT              |          | 4.50     | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |          | 9.00     | 85  |
| 86 CHOLESTEROL TEST              |          | 9.00     | 86  |
| 87 FLOCCULATION TEST             |          |          | 87  |
| 88 HEMATOCRIT                    |          | 7.00     | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |          | 6.00     | 89  |
| 90 POTASSIUM TEST - BLOOD        |          | 10.00    | 90  |
| 91 PROTHROMBIN TIME TEST         |          |          | 91  |
| 92 SEDIMENTATION RATE            |          | 7.00     | 92  |
| 93 BLOOD SUGAR                   |          | 9.00     | 93  |
| 94 BUN-UREA - NITROGEN           |          | 8.00     | 94  |
| 95 URIC ACID                     |          | 10.00    | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |          | 7.00     | 96  |
| 97 PAP TEST                      |          |          | 97  |
| 98 ROUTINE URINALYSIS            |          | 6.00     | 98  |
| 99 CHEMICAL URINALYSIS           |          |          | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |          |          | 100 |
| 101 ELEC MONITORING-PACEMAKER    |          |          | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |          | 1193.10* | 102 |
| 103 KIDNEY TRANSPLANT            |          |          | 103 |
| 104 HOSPITAL BED - RENTAL        |          |          | 104 |
| 105 WALKER - RENTAL              |          | 12.10*   | 105 |
| 106 WHEELCHAIR - RENTAL          |          | 27.25    | 106 |
| 107 LIQUID OXYGEN - RENTAL       |          |          | 107 |
| 108 HOSPITAL BED - PURCHASE      |          | 580.00*  | 108 |
| 109 WALKER - PURCHASE            |          | 53.00    | 109 |
| 110 WHEELCHAIR - PURCHASE        |          | 293.00   | 110 |



ARKANSAS

# ARKANSAS



One Locality - Statewide

1982 PREVAILING CHARGE SUMMARY DATA ARKANSAS B/C-B/S  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ARKANSAS  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | SINGLE  | SINGLE   |    |
|----------------------------------|---------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |          | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 20.00   | 25.00    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |          | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 35.00   | 100.00   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 3.60*   | 5.00*    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 9.00*   | 13.40*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  |         |          | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 14.30*  | 17.90*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 25.00   | 44.00    | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 33.00   | 53.70*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 17.90*  | 18.80*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |          | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 25.00   | 30.00    | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         | 17.90*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 15.00   | 17.90*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  |         |          | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         | 60.00    | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 44.75*  | 63.00*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 10.70*  | 17.90*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    |         |          | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 18.00   | 26.00    | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         | 40.00    | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         | 26.90*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |          | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         | 25.10*   | 25 |
| 26 LIMITED CONSULTATION          | 44.75*  | 62.70*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         |          | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         | 89.50*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         | 60.00    | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         | 35.00    | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |         | 10.70*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |          | 32 |
| 33 F/U PEDIATRIC OFFICE VISIT    |         |          | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 25.00   | 25.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 9.90*   | 9.00*    | 35 |
| 36 SPIROMETRY                    |         | 30.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         | 75.20*   | 37 |
| 38 CHEMOTHERAPY                  |         |          | 38 |
| 39 COLLECTION OF SPECIMENS       |         | 6.00     | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |          | 40 |
| 41 SKIN BIOPSY                   |         | 26.90*   | 41 |
| 42 CHEMOCAUTERY                  |         | 53.70*   | 42 |
| 43 RADICAL MASTECTOMY            |         |          | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         | 1000.00  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 44.75*  | 26.90*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         | 3800.00  | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         | 1789.90* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         | 26.90*   | 48 |
| 49 BRONCHOSCOPY                  |         | 161.10*  | 49 |
| 50 THORACENTESIS                 |         | 49.20*   | 50 |
| 51 CATHETERIZATION OF HEART      |         | 563.80*  | 51 |
| 52 INSERTION OF PACEMAKER        |         | 450.00   | 52 |
| 53 PARTIAL COLECTOMY             |         | 895.00*  | 53 |
| 54 APPENDECTOMY                  | 358.00* | 358.00*  | 54 |
| 55 SIGMOIDOSCOPY                 |         | 26.90*   | 55 |

1982 PREVAILING CHARGE SUMMARY DATA ARKANSAS B/C-B/S  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

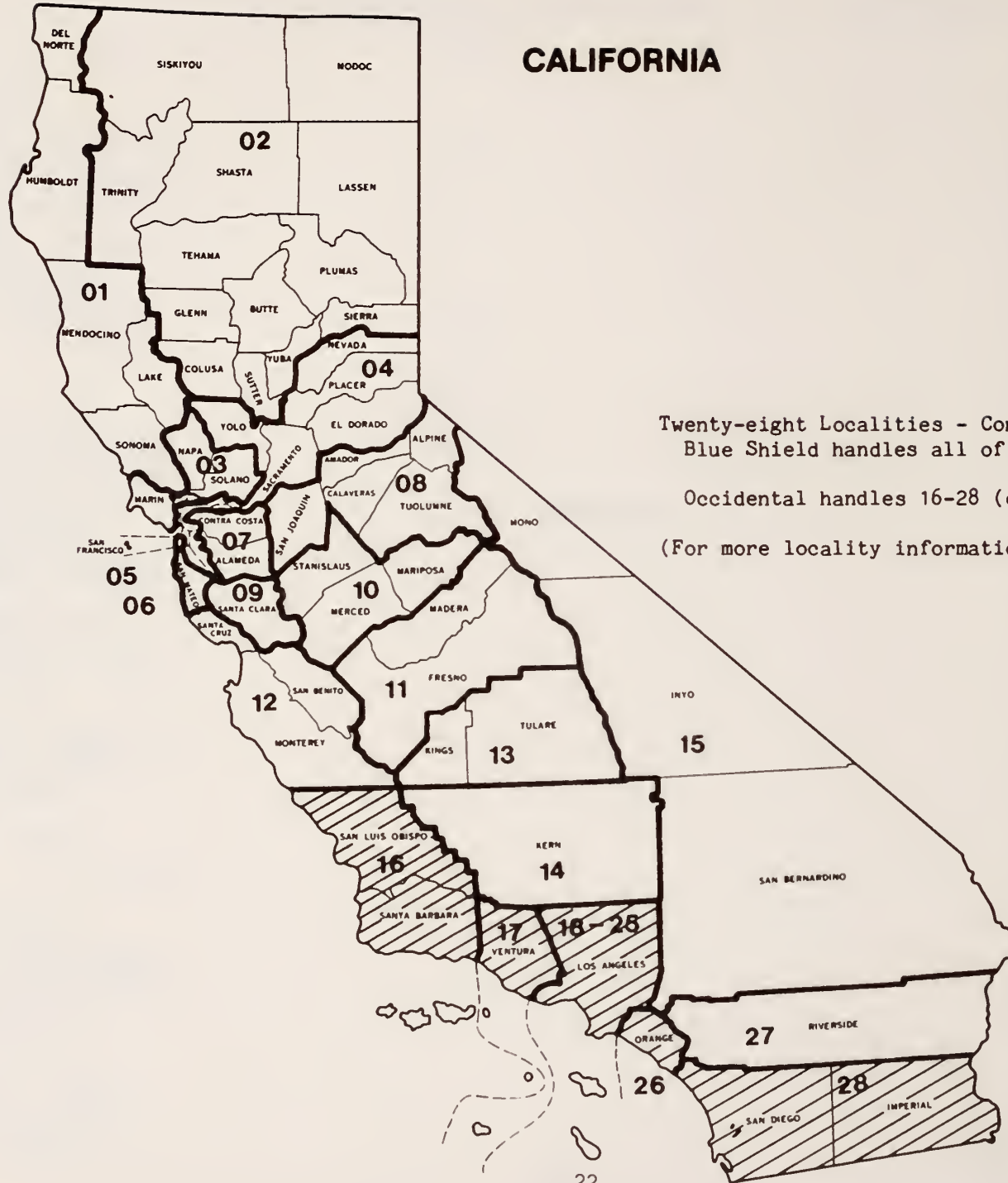
ARKANSAS  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | SINGLE  | SINGLE   |     |
|----------------------------------|---------|----------|-----|
| 56 HEMORRHOIOECTOMY              |         | 400.00   | 56  |
| 57 CHOLECYSTECTOMY               |         | 720.00   | 57  |
| 58 REPAIR HERNIA                 |         | 402.70*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 75.00   | 75.00    | 59  |
| 60 DILATION OF URETHRA           |         | 20.00    | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         | 716.00*  | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 760.70* | 760.70*  | 62  |
| 63 HYSTERECTOMY                  |         | 805.50*  | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         | 32.00    | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         | 26.90*   | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         | 15.00    | 66  |
| 67 EXTRACTION OF LENS            |         | 626.50*  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 21.50*  | 22.00    | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 26.90*  | 28.60*   | 69  |
| 70 X-RAY SPINE                   |         | 53.00    | 70  |
| 71 X-RAY HIP                     |         | 26.90*   | 71  |
| 72 X-RAY UPPER GI TRACT          | 62.70*  | 62.00    | 72  |
| 73 X-RAY COLON                   |         | 62.00    | 73  |
| 74 RAOIATION THERAPY-LOW VOLT    | 24.00   | 24.00    | 74  |
| 75 RAOIATION THERAPY-SUPER VOLT  |         | 39.00    | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         |          | 76  |
| 77 CAT SCAN - HEAD               |         |          | 77  |
| 78 CAT SCAN - ABOOMEN            |         |          | 78  |
| 79 THREE CHEMISTRY TESTS         |         | 15.00    | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         | 30.00    | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         | 20.00    | 81  |
| 82 HEMOGLOBIN                    |         | 4.00L    | 82  |
| 83 AUTOMATED BLOOD COUNT         |         | 9.00L    | 83  |
| 84 WHITE CELL COUNT              |         | 4.00L    | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         | 8.50L    | 85  |
| 86 CHOLESTEROL TEST              |         | 7.50L    | 86  |
| 87 FLOCCULATION TEST             |         |          | 87  |
| 88 HEMATOCRIT                    |         | 3.75L    | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         | 8.00     | 89  |
| 90 POTASSIUM TEST - BLOOD        |         | 9.50     | 90  |
| 91 PROTHROMBIN TIME TEST         |         | 7.00L    | 91  |
| 92 SEDIMENTATION RATE            |         | 5.00L    | 92  |
| 93 BLOOD SUGAR                   |         | 7.00L    | 93  |
| 94 BUN-UREA - NITROGEN           |         | 7.00L    | 94  |
| 95 URIC ACID                     |         | 8.00L    | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |         | 6.00     | 96  |
| 97 PAP TEST                      |         | 8.00L    | 97  |
| 98 ROUTINE URINALYSIS            |         | 5.00L    | 98  |
| 99 CHEMICAL URINALYSIS           |         | 4.50     | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |          | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         | 45.00    | 101 |
| 102 OONOR NEPHRECTOMY-UNILATERAL |         | .895.00* | 102 |
| 103 KIDNEY TRANSPLANT            |         | 1432.00* | 103 |
| 104 HOSPITAL BED - RENTAL        |         | 45.00L   | 104 |
| 105 WALKER - RENTAL              |         | 18.70    | 105 |
| 106 WHEELCHAIR - RENTAL          |         | 12.00    | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         | 30.00L   | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |          | 108 |
| 109 WALKER - PURCHASE            |         | 387.30L  | 109 |
| 110 WHEELCHAIR - PURCHASE        |         | 133.90   | 110 |



CALIFORNIA

# CALIFORNIA



Twenty-eight Localities - Conform to PSRO Areas:  
Blue Shield handles all of 1-15, and 27

Occidental handles 16-28 (except for 27)

(For more locality information see Appendix A)



| 1982 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE<br>LOCALITY DESIGNATION FOR GENERAL PRACTICE |         |         |         |         | CALIFORNIA<br>LOCALITY DESIGNATION FOR SPECIALIST |          |          |          |    |
|--|---------|---------|---------|---------|---|----------|----------|----------|----|
| PROCEDURE DESCRIPTION  | PSRO-01 | PSRO-02 | PSRO-03 | PSRO-04 | PSRO-01   | PSRO-02  | PSRO-03  | PSRO-04  |    |
| 1 INITIAL BRIEF OFFICE VISIT   |         |         |         |         | 26.85*  | 26.85*   | 26.85*   | 25.00    | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 32.00   | 33.00   | 30.00   | 34.00   | 35.00   | 30.00    | 40.00    | 35.00    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |         |         | 52.00   | 55.00    | 53.70*   | 57.50    | 3  |
| 4 INITIAL COMP OFFICE VISIT  | 80.00   | 75.00   | 80.55*  | 80.55*  | 87.00   | 80.55*   | 85.92*   | 87.71*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 12.00   | 10.74*  | 12.53*  | 10.74*  | 12.00   | 8.00     | 12.53*   | 10.00    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT  | 14.32*  | 14.32*  | 17.90*  | 14.32*  | 16.11*  | 14.32*   | 17.90*   | 16.11*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 21.00   | 20.00   | 17.90*  | 21.48*  | 21.48*  | 21.48*   | 21.48*   | 21.48*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 26.85*  | 22.50   | 26.85*  | 25.00   | 25.00   | 26.85*   | 26.85*   | 25.00    | 8  |
| 9 EXTENDED F/U OFFICE VISIT  | 37.59*  | 37.00   | 34.00   | 37.00   | 44.75*  | 33.00    | 44.75*   | 35.00    | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT  | 57.28*  | 55.00   | 53.70*  | 60.00   | 62.65*  | 67.13*   | 62.65*   | 55.00*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT   | 26.85*  | 26.85*  | 33.56*  | 26.85*  | 30.61*  | 21.69*   | 30.00    | 30.00    | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |         |         |         | 31.86*  | 31.86*   | 33.12*   | 30.00    | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 31.33*  | 26.85*  | 40.00   | 37.59*  | 35.80*  | 35.80*   | 35.80*   | 35.80*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |         |         | 23.99*  | 17.90*   | 25.00    | 20.59*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 24.17*  | 24.17*  | 26.85*  | 17.00   | 24.70*  | 20.59*   | 26.85*   | 20.59*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 44.75*  | 42.00   | 44.75*  | 60.00   | 44.75*  | 44.75*   | 44.75*   | 47.50    | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         |         |         | 62.65*  | 65.00    | 71.60*   | 62.65*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 80.55*  | 75.18*  | 89.50*  | 75.18*  | 90.00   | 84.13*   | 89.50*   | 87.71*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT   | 17.90*  | 17.90*  | 20.00   | 17.90*  | 17.90*  | 17.90*   | 20.00    | 19.00    | 19 |
| 20 LIMITED F/U HOSPITAL VISIT  | 26.00   | 25.00   | 23.27*  | 27.00   | 26.00   | 29.00    | 26.85*   | 25.00    | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 30.00   | 26.85*  | 26.85*  | 26.85*  | 30.00   | 26.85*   | 30.43*   | 26.85*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         |         |         | 45.00   | 44.75*   | 62.65*   | 30.00*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT  |         |         |         |         | 30.50   | 27.00    | 31.00    | 30.25*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         |         |         | 40.00   | 37.50    | 41.17*   | 34.37*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT   |         |         |         |         | 55.00   | 40.00    | 65.00    | 50.00    | 25 |
| 26 LIMITED CONSULTATION  | 44.75*  | 44.75*  | 44.75*  | 53.70*  | 48.33*  | 44.75*   | 56.00    | 50.00    | 26 |
| 27 EXTENSIVE CONSULTATION  |         |         |         |         | 80.00   | 71.50    | 71.60*   | 70.00    | 27 |
| 28 COMPREHENSIVE CONSULTATION  |         |         |         |         | 107.40*   | 91.00    | 107.40*  | 89.50*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR  |         |         |         |         | 60.00   | 62.65*   | 60.00    | 62.65*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR   |         |         |         |         | 32.22*  | 35.80*   | 35.80*   | 30.00*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT   | 14.27*  | 14.27*  | 17.85*  | 14.57*  | 13.43*  | 13.43*   | 17.45*   | 13.43*   | 31 |
| 32 INITIAL PHYSIOTHERAPY   |         |         |         |         | 17.85*  | 20.00    | 22.25    | 19.03*   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT  |         |         |         |         | 20.00   | 16.00    | 17.90*   | 18.00    | 33 |
| 34 ELECTROCARDIOGRAM (EKG)   | 35.00   | 35.00   | 32.00   | 35.00   | 35.00   | 35.00    | 35.80*   | 33.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY   | 21.00   | 22.50   | 20.14*  | 21.48*  | 20.00   | 20.00    | 16.11*   | 20.00    | 35 |
| 36 SPIROMETRY  |         |         |         |         | 26.85*  | 26.85*   | 34.50*   | 26.85*   | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)  |         |         |         |         | 89.50*  | 89.50*   | 89.50*   | 89.50*   | 37 |
| 38 CHEMOTHERAPY  |         |         |         |         | 9.33*   | 13.80*   | 8.99*    | 11.35*   | 38 |
| 39 COLLECTION OF SPECIMENS   |         |         |         |         |   |          |          |          | 39 |
| 40 DEBRIDEMENT OF NAILS  |         |         |         |         | 25.00   | 25.00    | 25.00    | 25.00    | 40 |
| 41 SKIN BIOPSY   |         |         |         |         | 44.75*  | 48.33*   | 50.00    | 44.00    | 41 |
| 42 CHEMOCAUTERY  |         |         |         |         | 6.30  | 6.30     | 6.30     | 6.30     | 42 |
| 43 RADICAL MASTECTOMY  |         |         |         |         | 877.10*   | 859.20*  | 895.00*  | 917.91*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE  |         |         |         |         | 1154.55*  | 1180.86* | 1299.00* | 1195.00* | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT  | 32.22*  | 32.22*  | 32.22*  | 30.97*  | 30.00   | 33.00    | 32.22*   | 32.22*   | 45 |
| 46 CORONARY ARTERY BYPASS  |         |         |         |         | 3990.48*  | 3987.24* | 3986.63* | 3996.14* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         |         |         | 2860.00   | 2756.00  | 2864.00* | 2864.00* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA  |         |         |         |         | 26.13*  | 20.94*   | 26.13*   | 24.17*   | 48 |
| 49 BRONCHOSCOPY  |         |         |         |         | 193.32*   | 214.80*  | 228.23*  | 268.50*  | 49 |
| 50 THORACENTESIS   |         |         |         |         | 38.66*  | 42.96*   | 44.75*   | 42.96*   | 50 |
| 51 CATHETERIZATION OF HEART  |         |         |         |         | 563.85*   | 563.85*  | 563.85*  | 563.85*  | 51 |
| 52 INSERTION OF PACEMAKER  |         |         |         |         | 1650.00   | 1650.00  | 1650.00  | 1650.00  | 52 |
| 53 PARTIAL COLECTOMY   |         |         |         |         | 1045.36*  | 1115.89* | 1176.03* | 1081.88* | 53 |
| 54 APPENDECTOMY  | 689.92* | 622.72* | 654.25* | 618.55* | 510.15*   | 510.15*  | 595.18*  | 563.85*  | 54 |
| 55 SIGMOIDOSCOPY   |         |         |         |         | 35.26*  | 39.20*   | 39.20*   | 39.20*   | 55 |

| 1982 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE<br>LOCALITY DESIGNATION FOR GENERAL PRACTICE |          |          |          |          | CALIFORNIA<br>LOCALITY DESIGNATION FOR SPECIALIST |          |          |          |     |
|--|----------|----------|----------|----------|---|----------|----------|----------|-----|
| PROCEDURE DESCRIPTION  | PSR0-01  | PSR0-02  | PSR0-03  | PSR0-04  | PSR0-01   | PSR0-02  | PSR0-03  | PSR0-04  |     |
| 56 HEMORRHOIOECTOMY  |          |          |          |          | 375.90*   | 375.90*  | 483.30*  | 402.75*  | 56  |
| 57 CHOLECYSTECTOMY   |          |          |          |          | 805.50*   | 856.52*  | 990.00   | 859.20*  | 57  |
| 58 REPAIR HERNIA   |          |          |          |          | 537.00*   | 537.00*  | 563.85*  | 616.00   | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 65.42*   | 76.13*   | 70.00    | 69.00    | 59.61*  | 66.23*   | 60.00    | 62.29*   | 59  |
| 60 DILATION OF URETHRA   |          |          |          |          | 35.00   | 22.00    | 28.64*   | 30.00    | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC  |          |          |          |          | 1002.40*  | 1074.00* | 1145.60* | 1145.60* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR)   | 1165.74* | 1213.32* | 1367.95* | 1231.16* | 1074.00*  | 1145.60* | 1253.00* | 1074.00* | 62  |
| 63 HYSTERECTOMY  |          |          |          |          | 984.50*   | 966.60*  | 1127.70* | 984.50*  | 63  |
| 64 INITIAL COMPLETE EYE EXAM   |          |          |          |          | 42.00   | 42.00    | 44.75*   | 44.75*   | 64  |
| 65 COMPREHENSIVE EYE EXAM  |          |          |          |          | 50.12*  | 35.80*   | 42.96*   | 35.80*   | 65  |
| 66 EYE EXAM WITH TONOMETRY   |          |          |          |          | 17.90*  | 15.22*   | 20.00    | 16.11*   | 66  |
| 67 EXTRACTION OF LENS  | 1300.00  | 981.37*  | 1070.58* | 1070.58* | 1108.37*  | 942.08*  | 1039.10* | 914.33*  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW   | 26.85*   | 21.00    | 25.00    | 25.00    | 26.85*  | 28.00    | 30.00    | 26.85*   | 68  |
| 69 CHEST X-RAY - TWO VIEWS   | 37.59*   | 37.59*   | 32.22*   | 35.80*   | 35.80*  | 35.80*   | 35.80*   | 35.80*   | 69  |
| 70 X-RAY SPINE   |          |          |          |          | 71.60*  | 69.81*   | 67.13*   | 76.97*   | 70  |
| 71 X-RAY HIP   |          |          |          |          | 42.96*  | 37.59*   | 44.75*   | 41.17*   | 71  |
| 72 X-RAY UPPER GI TRACT  | 89.00    | 78.51*   | 89.00    | 82.68*   | 80.55*  | 75.18*   | 80.55*   | 89.00    | 72  |
| 73 X-RAY COLON   |          |          |          |          | 71.60*  | 64.44*   | 75.18*   | 70.71*   | 73  |
| 74 RADIATION THERAPY-LOW VOLT  | 36.00    | 36.00    | 36.00    | 36.00    | 36.00   | 36.00    | 36.00    | 36.00    | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |          |          |          |          |   |          |          |          | 75  |
| 76 RADIATION THERAPY-MEGAVOLT  |          |          |          |          |   |          |          |          | 76  |
| 77 CAT SCAN - HEAD   |          |          |          |          | 255.08*   | 254.68*  | 257.03*  | 257.40*  | 77  |
| 78 CAT SCAN - ABDOMEN  |          |          |          |          | 339.78*   | 339.24*  | 342.37*  | 342.87*  | 78  |
| 79 THREE CHEMISTRY TESTS   |          |          |          |          | 23.00   | 25.00    | 25.00    | 24.00    | 79  |
| 80 NINETEEN CHEMISTRY TESTS  |          |          |          |          | 31.00   | 30.00    | 45.00    | 31.00    | 80  |
| 81 CULTURE - OTHER THAN BLOOD  |          |          |          |          | 16.00   | 7.00     | 11.00    | 12.00    | 81  |
| 82 HEMOGLOBIN  |          |          |          |          | 6.00  | 5.00     | 5.00     | 5.00     | 82  |
| 83 AUTOMATED BLOOD COUNT   |          |          |          |          | 7.00  | 7.00     | 7.00     | 7.00     | 83  |
| 84 WHITE CELL COUNT  |          |          |          |          | 5.00  | 5.00     | 5.00     | 5.00     | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)  |          |          |          |          | 10.00   | 12.00    | 11.00    | 12.00    | 85  |
| 86 CHOLESTEROL TEST  |          |          |          |          | 8.00L   | 7.00L    | 9.00L    | 8.00L    | 86  |
| 87 FLOCCULATION TEST   |          |          |          |          | 5.50  | 5.50     | 5.50     | 5.50     | 87  |
| 88 HEMATOCRIT  |          |          |          |          | 4.50  | 5.00     | 5.25     | 5.00     | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |          |          |          |          | 10.00   | 10.00    | 10.50    | 8.50     | 89  |
| 90 POTASSIUM TEST - BLOOD  |          |          |          |          | 10.00   | 10.00    | 10.00    | 10.00    | 90  |
| 91 PROTHROMBIN TIME TEST   |          |          |          |          | 6.00L   | 7.00L    | 7.00L    | 7.50L    | 91  |
| 92 SEDIMENTATION RATE  |          |          |          |          | 5.50L   | 5.00L    | 7.00L    | 6.00L    | 92  |
| 93 BLOOD SUGAR   |          |          |          |          | 10.00   | 11.00    | 10.00    | 10.00    | 93  |
| 94 BUN-UREA - NITROGEN   |          |          |          |          | 7.00L   | 7.00L    | 10.00L   | 8.00L    | 94  |
| 95 URIC ACID   |          |          |          |          | 8.00L   | 9.00L    | 9.00L    | 8.75L    | 95  |
| 96 FECES-OCULT BLOOD-SCREENING   |          |          |          |          | 8.00  | 8.00     | 8.00     | 7.00     | 96  |
| 97 PAP TEST  |          |          |          |          | 10.00   | 12.00    | 12.00    | 12.00    | 97  |
| 98 ROUTINE URINALYSIS  |          |          |          |          | 5.00L   | 5.00L    | 6.00L    | 5.50L    | 98  |
| 99 CHEMICAL URINALYSIS   |          |          |          |          | 4.50  | 5.00     | 8.00     | 5.00     | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |          |          |          |          | 30.00   | 30.00    | 30.00    | 30.00    | 100 |
| 101 ELEC MONITORING-PACEMAKER  |          |          |          |          | 33.47*  | 33.31*   | 35.28*   | 38.59*   | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL   |          |          |          |          | 1141.95*  | 1141.95* | 1141.95* | 1141.95* | 102 |
| 103 KIDNEY TRANSPLANT  |          |          |          |          | 2141.14*  | 2141.14* | 2141.14* | 2141.14* | 103 |
| 104 HOSPITAL BED - RENTAL  |          |          |          |          | 51.65L  | 51.65L   | 51.65L   | 51.65L   | 104 |
| 105 WALKER - RENTAL  |          |          |          |          | 16.00   | 16.00    | 16.00    | 16.00    | 105 |
| 106 WHEELCHAIR - RENTAL  |          |          |          |          | 28.00L  | 28.00L   | 28.00L   | 28.00L   | 106 |
| 107 LIQUID OXYGEN - RENTAL   |          |          |          |          | 72.00   | 72.00    | 72.00    | 72.00    | 107 |
| 108 HOSPITAL BED - PURCHASE  |          |          |          |          | 535.75L   | 535.75L  | 535.75L  | 535.75L  | 108 |
| 109 WALKER - PURCHASE  |          |          |          |          | 51.40   | 51.40    | 51.40    | 51.40    | 109 |
| 110 WHEELCHAIR - PURCHASE  |          |          |          |          | 250.00L   | 250.00L  | 250.00L  | 250.00L  | 110 |



1982 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | PSR0-05 | PSR0-06 | PSR0-07 | PSR0-08 | PSR0-05  | PSR0-06  | PSR0-07  | PSR0-08  |    |
|----------------------------------|---------|---------|---------|---------|----------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |         |         |         | 26.85*   | 30.43*   | 30.00    | 28.64*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 35.00   | 35.00   | 38.00   | 44.75*  | 35.00    | 43.00    | 35.00    | 42.50    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |         |         | 60.00    | 55.00    | 62.65*   | 62.65*   | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 80.00   | 71.60*  | 75.18*  | 75.18*  | 89.50*   | 89.50*   | 89.50*   | 75.18*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 14.32*  | 12.53*  | 11.64*  | 10.74*  | 12.00    | 12.53*   | 10.74*   | 11.64*   | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 17.90*  | 17.90*  | 16.11*  | 14.32*  | 17.50    | 21.48*   | 17.90*   | 14.32*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 17.90*  | 17.90*  | 17.90*  | 20.05*  | 21.48*   | 21.48*   | 21.48*   | 21.48*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 25.00   | 26.85*  | 25.00   | 26.85*  | 26.85*   | 26.85*   | 26.85*   | 26.85*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 30.00   | 36.00   | 35.00   | 35.00   | 40.00    | 44.75*   | 40.00    | 44.00    | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 60.00   | 53.70*  | 62.65*  | 60.00   | 62.65*   | 71.60*   | 62.65*   | 67.13*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 26.85*  | 30.00   | 28.00   | 26.85*  | 30.00    | 30.00    | 30.00    | 27.00    | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |         |         |         | 31.86*   | 31.86*   | 38.31*   | 31.86*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 35.80*  | 40.00   | 35.80*  | 40.00   | 35.80*   | 35.80*   | 35.80*   | 35.00    | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |         |         | 24.70*   | 24.70*   | 25.00    | 19.15*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 26.85*  | 24.17*  | 26.85*  | 24.17*  | 26.00    | 27.39*   | 25.00    | 25.06*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 44.75*  | 50.00   | 53.70*  | 44.75*  | 44.75*   | 53.70*   | 53.70*   | 44.75*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         |         |         | 68.02*   | 62.65*   | 62.65*   | 64.44*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 80.00   | 80.55*  | 80.55*  | 80.55*  | 89.50*   | 89.50*   | 89.50*   | 87.71*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 17.90*  | 21.48*  | 17.90*  | 17.90*  | 20.00    | 26.85*   | 21.00    | 17.90*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 25.00   | 25.06*  | 25.06*  | 26.00   | 26.85*   | 26.85*   | 26.85*   | 25.06*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 26.85*  | 22.38*  | 22.38*  | 26.85*  | 26.85*   | 26.85*   | 26.85*   | 26.85*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         |         |         | 44.75*   | 53.70*   | 35.80*   | 44.75*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |         |         |         | 31.00    | 31.00    | 31.00    | 31.00    | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         |         |         | 35.00    | 41.17*   | 47.00    | 34.37*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |         |         |         | 50.00    | 60.00    | 65.00    | 60.00    | 25 |
| 26 LIMITED CONSULTATION          | 44.75*  | 44.75*  | 52.00   | 40.28*  | 60.00    | 53.70*   | 59.00    | 37.59*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         |         |         |         | 71.60*   | 80.55*   | 80.55*   | 62.65*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |         |         |         | 89.50*   | 107.40*  | 93.98*   | 87.71*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |         |         |         | 60.00    | 62.65*   | 62.65*   | 60.00    | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |         |         |         | 35.80*   | 35.80*   | 31.33*   | 35.80*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 17.85*  | 17.85*  | 17.85*  | 14.27*  | 16.11*   | 16.11*   | 16.11*   | 13.43*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |         |         |         | 25.00    | 20.23*   | 20.00    | 24.27*   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |         |         |         | 17.90*   | 17.90*   | 20.00    | 16.00    | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 30.00   | 30.00   | 35.00   | 37.50   | 30.00    | 33.00    | 35.00    | 37.50    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 20.14*  | 20.14*  | 22.50   | 22.50   | 15.00    | 17.90*   | 20.00    | 20.00    | 35 |
| 36 SPIROMETRY                    |         |         |         |         | 26.85*   | 26.85*   | 26.85*   | 26.85*   | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |         |         |         | 86.00    | 82.50    | 89.50*   | 89.50*   | 37 |
| 38 CHEMOTHERAPY                  |         |         |         |         | 9.20*    | 10.29*   | 10.95*   | 8.79*    | 38 |
| 39 COLLECTION OF SPECIMENS       |         |         |         |         |          |          |          |          | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |         |         |         | 25.00    | 25.00    | 25.00    | 25.00    | 40 |
| 41 SKIN BIOPSY                   |         |         |         |         | 53.70*   | 41.17*   | 44.75*   | 44.75*   | 41 |
| 42 CHEMOCAUTERY                  |         |         |         |         | 6.30     | 10.56*   | 6.30     | 6.30     | 42 |
| 43 RADICAL MASTECTOMY            |         |         |         |         | 1145.60* | 1145.60* | 1011.35* | 1002.40* | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |         |         |         | 1732.00* | 1443.28* | 1377.76* | 1154.55* | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 34.01*  | 32.22*  | 32.22*  | 25.06*  | 40.00    | 33.00    | 30.43*   | 26.85*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         |         |         |         | 4310.96* | 3995.75* | 4071.07* | 3187.54* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         |         |         | 2864.00* | 2864.00* | 2506.00* | 2730.00  | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |         |         |         | 29.36*   | 26.13*   | 26.13*   | 26.13*   | 48 |
| 49 BRONCHOSCOPY                  |         |         |         |         | 268.50*  | 268.50*  | 268.50*  | 268.50*  | 49 |
| 50 THORACENTESIS                 |         |         |         |         | 53.70*   | 48.33*   | 48.33*   | 48.33*   | 50 |
| 51 CATHETERIZATION OF HEART      |         |         |         |         | 563.85*  | 563.85*  | 563.85*  | 563.85*  | 51 |
| 52 INSERTION OF PACEMAKER        |         |         |         |         | 1650.00  | 1650.00  | 1650.00  | 1650.00  | 52 |
| 53 PARTIAL COLECTOMY             |         |         |         |         | 1254.43* | 1365.59* | 1176.03* | 940.82*  | 53 |
| 54 APPENDECTOMY                  | 689.92* | 689.92* | 689.92* | 594.76* | 680.20*  | 612.18*  | 644.40*  | 595.18*  | 54 |
| 55 SIGMOIDOSCOPY                 |         |         |         |         | 45.82*   | 39.20*   | 45.82*   | 35.26*   | 55 |

1982 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | PSR0-05  | PSR0-06  | PSR0-07  | PSR0-08  | PSR0-05  | PSR0-06  | PSR0-07  | PSR0-08  |     |
|----------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|-----|
| 56 HEMORRHOIDECTOMY              |          |          |          |          | 501.20*  | 501.20*  | 492.25*  | 429.60*  | 56  |
| 57 CHOLECYSTECTOMY               |          |          |          |          | 1074.00* | 990.00   | 912.90*  | 778.65*  | 57  |
| 58 REPAIR HERNIA                 |          |          |          |          | 626.50*  | 626.50*  | 563.85*  | 492.25*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 89.21*   | 89.21*   | 77.33*   | 65.42*   | 79.48*   | 72.85*   | 75.54*   | 63.01*   | 59  |
| 60 DILATION OF URETHRA           |          |          |          |          | 27.50    | 26.85*   | 23.27*   | 30.00    | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |          |          |          |          | 1521.50* | 1208.25* | 1253.00* | 1208.25* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 1427.44* | 1427.44* | 1367.95* | 1330.00  | 1432.00* | 1432.00* | 1163.50* | 1217.20* | 62  |
| 63 HYSTERECTOMY                  |          |          |          |          | 1253.00* | 1253.00* | 1029.25* | 966.60*  | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |          |          |          |          | 50.00    | 50.00    | 35.00    | 50.00    | 64  |
| 65 COMPREHENSIVE EYE EXAM        |          |          |          |          | 50.12*   | 42.96*   | 42.96*   | 42.96*   | 65  |
| 66 EYE EXAM WITH TONOMETRY       |          |          |          |          | 21.48*   | 17.90*   | 17.90*   | 17.90*   | 66  |
| 67 EXTRACTION OF LENS            | 1308.47* | 1189.53* | 1189.53* | 1130.04* | 1385.46* | 1177.64* | 1177.64* | 1108.37* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 26.85*   | 26.85*   | 26.85*   | 26.85*   | 26.85*   | 26.85*   | 28.00    | 26.85*   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 30.00    | 32.22*   | 32.22*   | 32.22*   | 35.80*   | 37.59*   | 34.01*   | 34.91*   | 69  |
| 70 X-RAY SPINE                   |          |          |          |          | 69.81*   | 71.60*   | 71.60*   | 69.81*   | 70  |
| 71 X-RAY HIP                     |          |          |          |          | 40.28*   | 42.96*   | 42.96*   | 40.28*   | 71  |
| 72 X-RAY UPPER GI TRACT          | 77.33*   | 85.65*   | 76.13*   | 77.92*   | 80.55*   | 85.92*   | 76.08*   | 68.02*   | 72  |
| 73 X-RAY COLON                   |          |          |          |          | 76.08*   | 85.92*   | 71.60*   | 69.81*   | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 35.69*   | 36.00    | 25.00    | 36.00    | 35.69*   | 36.00    | 25.00    | 36.00    | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |          |          |          |          |          |          |          |          | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |          |          |          |          |          |          |          |          | 76  |
| 77 CAT SCAN - HEAD               |          |          |          |          | 248.20*  | 254.50*  | 259.25*  | 259.91*  | 77  |
| 78 CAT SCAN - ABOOMEN            |          |          |          |          | 330.61*  | 339.01*  | 345.00   | 345.00   | 78  |
| 79 THREE CHEMISTRY TESTS         |          |          |          |          | 27.00    | 20.00    | 17.50    | 20.00    | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |          |          |          |          | 35.50    | 25.00    | 40.00    | 32.20    | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |          |          |          |          | 11.00    | 8.00     | 16.00    | 11.00    | 81  |
| 82 HEMOGLOBIN                    |          |          |          |          | 6.50     | 6.00     | 7.50     | 6.00     | 82  |
| 83 AUTOMATED BLOOD COUNT         |          |          |          |          | 7.00     | 7.00     | 7.00     | 7.00     | 83  |
| 84 WHITE CELL COUNT              |          |          |          |          | 5.00     | 5.00     | 5.00     | 5.00     | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |          |          |          |          | 12.50    | 10.50    | 15.00    | 10.00    | 85  |
| 86 CHOLESTEROL TEST              |          |          |          |          | 8.00L    | 8.50L    | 8.00L    | 6.00L    | 86  |
| 87 FLOCCULATION TEST             |          |          |          |          | 5.50     | 5.50     | 5.50     | 5.50     | 87  |
| 88 HEMATOCRIT                    |          |          |          |          | 6.00     | 5.25     | 6.00     | 5.25     | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |          |          |          |          | 9.50     | 9.50     | 10.00    | 10.50    | 89  |
| 90 POTASSIUM TEST - BLOOD        |          |          |          |          | 10.00    | 10.00    | 10.00    | 10.00    | 90  |
| 91 PROTHROMBIN TIME TEST         |          |          |          |          | 7.00L    | 6.50L    | 7.00L    | 7.75L    | 91  |
| 92 SEDIMENTATION RATE            |          |          |          |          | 6.00L    | 7.00L    | 6.00L    | 6.00L    | 92  |
| 93 BLOOD SUGAR                   |          |          |          |          | 10.00    | 10.00    | 10.00    | 10.00    | 93  |
| 94 BUN-UREA - NITROGEN           |          |          |          |          | 8.00L    | 8.30     | 8.50L    | 9.00L    | 94  |
| 95 URIC ACID                     |          |          |          |          | 8.00L    | 8.30L    | 8.50L    | 8.80L    | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |          |          |          |          | 8.00     | 8.00     | 8.00     | 8.00     | 96  |
| 97 PAP TEST                      |          |          |          |          | 12.00    | 11.00    | 12.00    | 10.00    | 97  |
| 98 ROUTINE URINALYSIS            |          |          |          |          | 5.00L    | 6.00L    | 6.00L    | 6.00L    | 98  |
| 99 CHEMICAL URINALYSIS           |          |          |          |          | 4.00     | 5.00     | 5.00     | 5.00     | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |          |          |          |          | 35.00    | 30.00    | 32.00    | 30.00    | 100 |
| 101 ELEC MONITORING-PACEMAKER    |          |          |          |          | 32.88*   | 33.83*   | 36.14*   | 32.54*   | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |          |          |          |          | 1141.95* | 1141.95* | 1141.95* | 1141.95* | 102 |
| 103 KIDNEY TRANSPLANT            |          |          |          |          | 2141.14* | 2141.14* | 2141.14* | 2141.14* | 103 |
| 104 HOSPITAL BED - RENTAL        |          |          |          |          | 51.65L   | 51.65L   | 51.65L   | 51.65L   | 104 |
| 105 WALKER - RENTAL              |          |          |          |          | 16.00    | 16.00    | 16.00    | 16.00    | 105 |
| 106 WHEELCHAIR - RENTAL          |          |          |          |          | 28.00L   | 28.00L   | 28.00L   | 28.00L   | 106 |
| 107 LIQUID OXYGEN - RENTAL       |          |          |          |          | 72.00    | 72.00    | 72.00    | 72.00    | 107 |
| 108 HOSPITAL BED - PURCHASE      |          |          |          |          | 535.75L  | 535.75L  | 535.75L  | 535.75L  | 108 |
| 109 WALKER - PURCHASE            |          |          |          |          | 51.40    | 51.40    | 51.40    | 51.40    | 109 |
| 110 WHEELCHAIR - PURCHASE        |          |          |          |          | 250.00L  | 250.00L  | 250.00L  | 250.00L  | 110 |

| 1982 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE<br>LOCALITY DESIGNATION FOR GENERAL PRACTICE |         |         |         |         | CALIFORNIA<br>LOCALITY DESIGNATION FOR SPECIALIST |          |          |          |    |
|--|---------|---------|---------|---------|---|----------|----------|----------|----|
| PROCEDURE DESCRIPTION  | PSRO-09 | PSRO-10 | PSRO-11 | PSRO-12 | PSRO-09   | PSRO-10  | PSRO-11  | PSRO-12  |    |
| 1 INITIAL BRIEF OFFICE VISIT   |         |         |         |         | 26.85*  | 26.85*   | 25.06*   | 26.85*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 32.00   | 38.00   | 40.00   | 38.00   | 40.00   | 44.75*   | 40.00    | 37.50    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |         |         | 62.65*  | 62.65*   | 53.70*   | 60.00    | 3  |
| 4 INITIAL COMP OFFICE VISIT  | 75.18*  | 75.18*  | 75.18*  | 75.00   | 89.50*  | 100.00   | 75.18*   | 95.00    | 4  |
| 5 MINIMAL FDLLOWUP OFFICE VISIT  | 12.00   | 10.74*  | 10.74*  | 11.00   | 12.00   | 10.74*   | 10.00    | 9.85*    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT  | 16.11*  | 14.32*  | 14.32*  | 14.32*  | 17.90*  | 17.90*   | 14.32*   | 17.90*   | 6  |
| 7 LIMITED FDLLOWUP OFFICE VISIT  | 17.90*  | 19.69*  | 19.69*  | 19.69*  | 21.48*  | 19.69*   | 19.69*   | 21.48*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 25.00   | 26.00   | 26.85*  | 24.00   | 26.85*  | 26.85*   | 26.85*   | 26.00    | 8  |
| 9 EXTENDED F/U OFFICE VISIT  | 30.00   | 37.59*  | 37.59*  | 35.00   | 35.00   | 42.00    | 37.59*   | 37.59*   | 9  |
| 10 CDMP FDLLOWUP OFFICE VISIT  | 53.70*  | 50.12*  | 53.70*  | 44.75*  | 62.65*  | 53.70*   | 53.70*   | 65.00    | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT   | 26.85*  | 23.27*  | 26.85*  | 25.06*  | 30.00   | 30.00    | 30.00    | 30.00    | 11 |
| 12 LIMITED FDLLOWUP HOME VISIT   |         |         |         |         | 30.61*  | 31.86*   | 31.86*   | 31.86*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 35.80*  | 29.00*  | 35.80*  | 40.00   | 35.80*  | 35.80*   | 35.80*   | 35.80*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |         |         | 23.27*  | 19.15*   | 18.44*   | 20.59*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 24.17*  | 20.14*  | 24.17*  | 24.17*  | 27.39*  | 27.39*   | 23.27*   | 24.70*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 50.00   | 44.75*  | 44.75*  | 44.75*  | 60.00   | 45.00    | 44.75*   | 62.65*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         |         |         | 67.13*  | 64.44*   | 64.44*   | 66.00    | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 89.50*  | 75.18*  | 75.18*  | 80.55*  | 89.50*  | 75.18*   | 75.18*   | 89.50*   | 18 |
| 19 BRIEF FDLLOWUP HOSPITAL VISIT   | 17.90*  | 16.11*  | 14.32*  | 17.90*  | 20.00   | 17.00    | 14.32*   | 16.00    | 19 |
| 20 LIMITED F/U HOSPITAL VISIT  | 23.27*  | 24.00   | 25.06*  | 25.06*  | 26.85*  | 25.00    | 21.48*   | 25.00    | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 26.85*  | 29.00   | 37.59*  | 28.64*  | 26.85*  | 26.85*   | 24.00*   | 29.00    | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         |         |         | 50.00   | 44.75*   | 42.96*   | 53.00    | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT  |         |         |         |         | 31.00   | 31.00    | 27.39*   | 31.00    | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         |         |         | 41.17*  | 41.17*   | 41.17*   | 34.37*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT   |         |         |         |         | 53.70*  | 60.00    | 60.00    | 60.00    | 25 |
| 26 LIMITED CONSULTATION  | 50.00   | 44.75*  | 44.75*  | 42.96*  | 44.75*  | 50.00    | 44.75*   | 42.96*   | 26 |
| 27 EXTENSIVE CONSULTATION  |         |         |         |         | 71.60*  | 71.60*   | 62.65*   | 62.65*   | 27 |
| 28 COMPREHENSIVE CONSULTATION  |         |         |         |         | 89.50*  | 87.71*   | 87.71*   | 95.00    | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR  |         |         |         |         | 62.65*  | 62.65*   | 62.65*   | 70.00    | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR   |         |         |         |         | 35.00   | 35.80*   | 35.80*   | 35.80*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT   | 17.85*  | 14.27*  | 16.65*  | 14.27*  | 16.11*  | 13.43*   | 13.43*   | 13.43*   | 31 |
| 32 INITIAL PHYSIOTHERAPY   |         |         |         |         | 23.79*  | 23.00    | 21.41*   | 23.20*   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT  |         |         |         |         | 17.90*  | 15.00    | 16.00    | 19.69*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)   | 35.00   | 35.00   | 37.59*  | 37.59*  | 35.00   | 32.22*   | 36.00    | 35.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY   | 20.14*  | 20.00   | 16.00   | 18.80*  | 15.00   | 18.00    | 20.00    | 16.11*   | 35 |
| 36 SPIROMETRY  |         |         |         |         | 26.85*  | 27.50*   | 26.85*   | 30.00*   | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)  |         |         |         |         | 89.50*  | 80.00    | 89.50*   | 89.50*   | 37 |
| 38 CHEMOTHERAPY  |         |         |         |         | 6.86*   | 11.65*   | 11.26*   | 9.33*    | 38 |
| 39 COLLECTION OF SPECIMENS   |         |         |         |         |   |          |          |          | 39 |
| 40 DEBRIDEMENT OF NAILS  |         |         |         |         | 25.00   | 25.00    | 25.00    | 25.00    | 40 |
| 41 SKIN BIOPSY   |         |         |         |         | 50.00   | 42.96*   | 44.75*   | 42.96*   | 41 |
| 42 CHEMOCAUTERY  |         |         |         |         | 6.30  | 6.30     | 6.30     | 9.00     | 42 |
| 43 RADICAL MASTECTOMY  |         |         |         |         | 1002.40*  | 1002.40* | 751.80*  | 895.00*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE  |         |         |         |         | 1528.48*  | 1154.55* | 1154.55* | 1154.55* | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT  | 35.80*  | 29.54*  | 25.06*  | 28.64*  | 35.80*  | 40.28*   | 26.85*   | 28.64*   | 45 |
| 46 CORDINARY ARTERY BYPASS   |         |         |         |         | 3602.88*  | 3987.24* | 4293.76* | 3991.07* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         |         |         | 2864.00*  | 2860.00  | 2864.00* | 2600.00  | 47 |
| 48 NEEDLE PUNCTURE OF BURSA  |         |         |         |         | 26.13*  | 26.13*   | 23.45*   | 19.69*   | 48 |
| 49 BRONCHOSCOPY  |         |         |         |         | 268.50*   | 240.00   | 268.50*  | 268.50*  | 49 |
| 50 THORACENTESIS   |         |         |         |         | 62.65*  | 48.33*   | 48.33*   | 44.75*   | 50 |
| 51 CATHETERIZATION OF HEART  |         |         |         |         | 563.85*   | 563.85*  | 563.85*  | 563.85*  | 51 |
| 52 INSERTION OF PACEMAKER  |         |         |         |         | 1650.00   | 1650.00  | 1650.00  | 1650.00  | 52 |
| 53 PARTIAL COLECTOMY   |         |         |         |         | 1176.03*  | 987.90*  | 1045.36* | 1176.03* | 53 |
| 54 APPENDECTOMY  | 689.92* | 624.50* | 618.55* | 618.55* | 590.70*   | 595.18*  | 501.20*  | 572.80*  | 54 |
| 55 SIGMOIDOSCOPY   |         |         |         |         | 39.20*  | 45.00    | 39.20*   | 39.20*   | 55 |



1982 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | PSRO-09  | PSRO-10  | PSRO-11  | PSRO-12  | PSRO-09  | PSRO-10  | PSRO-11  | PSRO-12  |     |
|----------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|-----|
| 56 HEMORRHOIDECTOMY              |          |          |          |          | 525.00   | 483.30*  | 375.90*  | 483.30*  | 56  |
| 57 CHOLECYSTECTOMY               |          |          |          |          | 953.18*  | 859.20*  | 751.80*  | 895.00*  | 57  |
| 58 REPAIR HERNIA                 |          |          |          |          | 563.85*  | 492.25*  | 492.25*  | 501.20*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 95.16*   | 77.33*   | 65.42*   | 71.37*   | 71.60*   | 66.23*   | 59.61*   | 66.23*   | 59  |
| 60 DILATION OF URETHRA           |          |          |          |          | 28.64*   | 40.28*   | 28.00    | 38.50    | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |          |          |          |          | 1253.00* | 1208.25* | 1002.40* | 1253.00* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 1427.44* | 1265.00  | 1141.95* | 1189.53* | 1181.40* | 1217.20* | 1002.40* | 1253.00* | 62  |
| 63 HYSTERECTOMY                  |          |          |          |          | 1074.00* | 1074.00* | 1074.00* | 1002.40* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |          |          |          |          | 43.00    | 50.00    | 49.00    | 43.00    | 64  |
| 65 COMPREHENSIVE EYE EXAM        |          |          |          |          | 35.80*   | 42.96*   | 42.96*   | 42.96*   | 65  |
| 66 EYE EXAM WITH TONOMETRY       |          |          |          |          | 17.90*   | 17.90*   | 17.90*   | 17.00    | 66  |
| 67 EXTRACTION OF LENS            | 1189.53* | 1189.53* | 1189.53* | 1130.04* | 1108.37* | 969.82*  | 1246.91* | 1108.37* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 26.85*   | 26.85*   | 25.00    | 26.85*   | 26.85*   | 26.60    | 24.00    | 25.00    | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 34.01*   | 33.00    | 37.59*   | 32.22*   | 35.80*   | 35.80*   | 32.22*   | 35.80*   | 69  |
| 70 X-RAY SPINE                   |          |          |          |          | 75.18*   | 71.60*   | 71.60*   | 71.60*   | 70  |
| 71 X-RAY HIP                     |          |          |          |          | 42.96*   | 42.96*   | 42.96*   | 39.00    | 71  |
| 72 X-RAY UPPER GI TRACT          | 83.27*   | 89.00    | 86.83*   | 81.48*   | 81.45*   | 80.55*   | 80.55*   | 80.55*   | 72  |
| 73 X-RAY COLON                   |          |          |          |          | 71.60*   | 71.60*   | 71.60*   | 71.60*   | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 28.55*   | 36.00    | 36.00    | 36.00    | 28.55*   | 36.00    | 36.00    | 36.00    | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |          |          |          |          |          |          |          |          | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |          |          |          |          |          |          |          |          | 76  |
| 77 CAT SCAN - HEAD               |          |          |          |          | 261.05*  | 259.46*  | 262.38*  | 260.77*  | 77  |
| 78 CAT SCAN - ABDOMEN            |          |          |          |          | 345.00   | 345.00   | 345.00   | 345.00   | 78  |
| 79 THREE CHEMISTRY TESTS         |          |          |          |          | 20.00    | 15.50    | 20.00    | 32.00    | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |          |          |          |          | 35.00    | 29.50    | 39.00    | 37.00    | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |          |          |          |          | 12.00    | 11.00    | 13.50    | 11.00    | 81  |
| 82 HEMOGLOBIN                    |          |          |          |          | 5.00     | 5.00     | 8.00     | 6.00     | 82  |
| 83 AUTOMATED BLOOD COUNT         |          |          |          |          | 7.00     | 7.00     | 7.00     | 7.00     | 83  |
| 84 WHITE CELL COUNT              |          |          |          |          | 3.50     | 5.00     | 5.00     | 5.00     | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |          |          |          |          | 12.00    | 15.00    | 13.00    | 13.00    | 85  |
| 86 CHOLESTEROL TEST              |          |          |          |          | 8.00L    | 8.00L    | 10.00    | 8.00L    | 86  |
| 87 FLOCCULATION TEST             |          |          |          |          | 5.50     | 5.50     | 5.50     | 5.50     | 87  |
| 88 HEMATOCRIT                    |          |          |          |          | 7.50     | 5.25     | 5.25     | 4.00     | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |          |          |          |          | 9.00     | 9.50     | 8.00     | 8.00     | 89  |
| 90 POTASSIUM TEST - BLOOD        |          |          |          |          | 9.00     | 10.00    | 14.00    | 10.00    | 90  |
| 91 PROTHROMBIN TIME TEST         |          |          |          |          | 7.50L    | 8.00L    | 8.00L    | 7.00L    | 91  |
| 92 SEDIMENTATION RATE            |          |          |          |          | 6.00L    | 5.50L    | 6.50L    | 6.00L    | 92  |
| 93 BLOOD SUGAR                   |          |          |          |          | 8.00     | 9.50     | 9.00     | 9.00     | 93  |
| 94 BUN-UREA - NITROGEN           |          |          |          |          | 8.00L    | 9.00     | 10.00    | 8.00L    | 94  |
| 95 URIC ACID                     |          |          |          |          | 8.00L    | 8.00L    | 10.00    | 8.00L    | 95  |
| 96 FECES-OCULT BLOOD-SCREENING   |          |          |          |          | 8.00     | 8.00     | 8.00     | 8.00     | 96  |
| 97 PAP TEST                      |          |          |          |          | 14.00    | 12.00    | 10.00    | 10.00    | 97  |
| 98 ROUTINE URINALYSIS            |          |          |          |          | 6.00L    | 5.50L    | 5.00L    | 5.50L    | 98  |
| 99 CHEMICAL URINALYSIS           |          |          |          |          | 5.00     | 4.50     | 5.00     | 5.00     | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |          |          |          |          | 25.00    | 30.00    | 30.00    | 30.00    | 100 |
| 101 ELEC MONITORING-PACEMAKER    |          |          |          |          | 33.74*   | 32.67*   | 34.74*   | 32.86*   | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |          |          |          |          | 1141.95* | 1141.95* | 1141.95* | 1141.95* | 102 |
| 103 KIDNEY TRANSPLANT            |          |          |          |          | 2141.14* | 2141.14* | 2141.14* | 2141.14* | 103 |
| 104 HOSPITAL BED - RENTAL        |          |          |          |          | 51.65L   | 51.65L   | 51.65L   | 51.65L   | 104 |
| 105 WALKER - RENTAL              |          |          |          |          | 16.00    | 16.00    | 16.00    | 16.00    | 105 |
| 106 WHEELCHAIR - RENTAL          |          |          |          |          | 28.00L   | 28.00L   | 28.00L   | 28.00L   | 106 |
| 107 LIQUID OXYGEN - RENTAL       |          |          |          |          | 72.00    | 72.00    | 72.00    | 72.00    | 107 |
| 108 HOSPITAL BED - PURCHASE      |          |          |          |          | 535.75L  | 535.75L  | 535.75L  | 535.75L  | 108 |
| 109 WALKER - PURCHASE            |          |          |          |          | 51.40    | 51.40    | 51.40    | 51.40    | 109 |
| 110 WHEELCHAIR - PURCHASE        |          |          |          |          | 250.00L  | 250.00L  | 250.00L  | 250.00L  | 110 |

1982 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE  
LDCALITY DESIGNATION FDR GENERAL PRACTICE

CALIFORNIA  
LDCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION              | PSRO-13 | PSRO-14 | PSRO-15 | PSRO-27 | PSRO-13  | PSRO-14  | PSRO-15  | PSRO-27  |    |
|------------------------------------|---------|---------|---------|---------|----------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT       |         |         |         |         | 26.85*   | 28.64*   | 30.00    | 28.64*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT     | 34.00   | 32.00   | 35.00   | 33.00   | 40.00    | 44.75*   | 35.00    | 40.00    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT    |         |         |         |         | 50.00    | 62.65*   | 50.00    | 75.00    | 3  |
| 4 INITIAL COMPOFFICE VISIT         | 64.44*  | 60.00   | 87.00   | 90.00   | 85.00    | 85.92*   | 90.00    | 89.50*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT    | 11.46*  | 10.80   | 10.00   | 12.00   | 10.00    | 12.53*   | 10.00    | 10.74*   | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT      | 12.53*  | 14.32*  | 14.32*  | 14.32*  | 14.32*   | 14.32*   | 19.69*   | 17.90*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT    | 20.00   | 20.00   | 19.69*  | 19.69*  | 21.48*   | 19.69*   | 19.69*   | 25.00    | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT    | 21.48*  | 26.85*  | 24.00   | 25.00   | 22.38*   | 28.64*   | 25.00    | 26.85*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT        | 35.00   | 42.96*  | 30.00   | 35.00   | 32.00    | 42.96*   | 50.00    | 40.00    | 9  |
| 10 COMPOFFICE VISIT                | 43.86*  | 50.12*  | 62.65*  | 60.00   | 52.00    | 44.75*   | 62.65*   | 71.60*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT       | 26.85*  | 26.85*  | 26.85*  | 26.85*  | 31.86*   | 30.00    | 30.00    | 32.04*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT     |         |         |         |         | 31.86*   | 31.86*   | 38.31*   | 30.00    | 12 |
| 13 INTERMEDIATE F/U HOME VISIT     | 35.80*  | 35.80*  | 28.64*  | 37.59*  | 35.80*   | 35.80*   | 35.80*   | 35.80*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT    |         |         |         |         | 23.99*   | 20.59*   | 21.66*   | 20.41*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT    | 24.00   | 26.85*  | 21.30*  | 26.49*  | 27.39*   | 27.39*   | 27.03*   | 27.03*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT    | 40.28*  | 44.75*  | 44.75*  | 44.75*  | 37.59*   | 44.75*   | 44.75*   | 47.00    | 16 |
| 17 INITIAL INTERMED HOSPITAL VISIT |         |         |         |         | 53.70*   | 71.60*   | 80.00    | 71.60*   | 17 |
| 18 INITIAL COMPOFFICE VISIT        | 75.00   | 85.92*  | 89.50*  | 85.00   | 89.50*   | 85.92*   | 98.45*   | 89.50*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT   | 14.32*  | 17.90*  | 17.90*  | 17.90*  | 16.11*   | 17.90*   | 20.00    | 22.00    | 19 |
| 20 LIMITED F/U HOSPITAL VISIT      | 21.48*  | 21.48*  | 25.00   | 25.00   | 26.85*   | 26.85*   | 25.06*   | 26.85*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT     | 26.85*  | 29.36*  | 30.00   | 25.00*  | 26.85*   | 35.75    | 26.85*   | 28.64*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT     |         |         |         |         | 42.00    | 42.96*   | 44.75*   | 40.00    | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT      |         |         |         |         | 31.00    | 31.00    | 27.03*   | 20.41*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT    |         |         |         |         | 41.17*   | 41.17*   | 36.00    | 45.00    | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT   |         |         |         |         | 60.00    | 60.00    | 80.00    | 52.00    | 25 |
| 26 LIMITED CONSULTATION            | 40.28*  | 44.75*  | 44.75*  | 44.75*  | 53.70*   | 44.75*   | 65.00    | 44.75*   | 26 |
| 27 EXTENSIVE CONSULTATION          |         |         |         |         | 70.00    | 71.60*   | 67.13*   | 89.50*   | 27 |
| 28 COMPREHENSIVE CONSULTATION      |         |         |         |         | 87.71*   | 100.24*  | 107.40*  | 89.50*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR          |         |         |         |         | 62.65*   | 62.65*   | 62.65*   | 89.50*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR         |         |         |         |         | 25.00    | 35.80*   | 35.00    | 53.70*   | 30 |
| 31 CHIRDPRACTICE OFFICE VISIT      | 11.90*  | 14.27*  | 14.64*  | 16.47*  | 13.43*   | 13.43*   | 13.25*   | 13.25*   | 31 |
| 32 INITIAL PHYSIOTHERAPY           |         |         |         |         | 15.77*   | 26.04*   | 19.53*   | 21.84*   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT      |         |         |         |         | 17.00    | 17.90*   | 18.00    | 20.00    | 33 |
| 34 ELECTROCARDIOGRAM (EKG)         | 37.59*  | 37.50   | 35.00   | 35.00   | 32.22*   | 42.96*   | 35.80*   | 35.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY   | 20.14*  | 20.14*  | 22.50   | 22.50   | 16.11*   | 16.11*   | 20.00    | 17.90*   | 35 |
| 36 SPIROMETRY                      |         |         |         |         | 30.00*   | 26.85*   | 35.00    | 35.00    | 36 |
| 37 ELECTROENCEPHALOGRAPH (EEG)     |         |         |         |         | 89.50*   | 89.50*   | 105.61*  | 102.03*  | 37 |
| 38 CHEMOTHERAPY                    |         |         |         |         | 8.88*    | 8.82*    | 6.00     | 15.00    | 38 |
| 39 COLLECTION OF SPECIMENS         |         |         |         |         |          |          |          |          | 39 |
| 40 DEBRIDEMENT OF NAILS            |         |         |         |         | 25.00    | 25.00    | 25.00    | 25.00    | 40 |
| 41 SKIN BIOPSY                     |         |         |         |         | 42.96*   | 44.75*   | 45.65*   | 45.65*   | 41 |
| 42 CHEMDCAUTERY                    |         |         |         |         | 6.30     | 6.30     | 6.30     | 6.30     | 42 |
| 43 RADICAL MASTECTOMY              |         |         |         |         | 1002.40* | 1002.40* | 1163.50* | 1163.50* | 43 |
| 44 OPEN REDUCTION OF FRACTURE      |         |         |         |         | 1443.28* | 1364.52* | 1432.00* | 1500.38* | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT      | 25.06*  | 32.22*  | 28.64*  | 35.00   | 40.00    | 35.00    | 30.00    | 35.80*   | 45 |
| 46 CORONARY ARTERY BYPASS          |         |         |         |         | 3983.81* | 3984.02* | 4750.00  | 4400.00  | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE    |         |         |         |         | 2864.00* | 2864.00* | 2685.00* | 2685.00* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA        |         |         |         |         | 26.13*   | 26.13*   | 35.00    | 33.12*   | 48 |
| 49 BRONCHOSCOPY                    |         |         |         |         | 268.50*  | 268.50*  | 241.65*  | 225.54*  | 49 |
| 50 THORACENTESIS                   |         |         |         |         | 48.33*   | 48.33*   | 62.65*   | 60.00    | 50 |
| 51 CATHETERIZATION OF HEART        |         |         |         |         | 563.85*  | 563.85*  | 716.00*  | 716.00*  | 51 |
| 52 INSERTION OF PACEMAKER          |         |         |         |         | 1650.00  | 1650.00  | 1650.00  | 1650.00  | 52 |
| 53 PARTIAL COLECTOMY               |         |         |         |         | 1176.03* | 1128.95* | 1145.60* | 1288.80* | 53 |
| 54 APPENDECTOMY                    | 553.13* | 570.97* | 707.86* | 700.00  | 580.00   | 595.18*  | 572.80*  | 644.40*  | 54 |
| 55 SIGMOIDOSCOPY                   |         |         |         |         | 34.01*   | 39.20*   | 48.33*   | 48.33*   | 55 |

1982 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | PSRO-13  | PSRO-14  | PSRO-15  | PSRO-27  | PSRO-13  | PSRO-14  | PSRO-15  | PSRO-27  |     |
|----------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|-----|
| 56 HEMORRHOIODECTOMY             |          |          |          |          | 483.30*  | 483.30*  | 510.15*  | 525.00   | 56  |
| 57 CHOLECYSTECTOMY               |          |          |          |          | 895.00*  | 805.50*  | 902.00   | 1074.00* | 57  |
| 58 REPAIR HERNIA                 |          |          |          |          | 501.20*  | 483.30*  | 596.07*  | 608.60*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 65.00    | 71.37*   | 85.00    | 82.00    | 66.23*   | 59.61*   | 71.60*   | 75.18*   | 59  |
| 60 DILATION OF URETHRA           |          |          |          |          | 30.00    | 26.85*   | 28.64*   | 35.00    | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |          |          |          |          | 1208.25* | 1208.25* | 1430.00  | 1400.00  | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 1308.47* | 1141.95* | 1403.49* | 1450.00  | 1217.20* | 1074.00* | 1217.20* | 1253.00* | 62  |
| 63 HYSTERECTOMY                  |          |          |          |          | 1074.00* | 895.00*  | 1208.25* | 1208.25* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |          |          |          |          | 35.80*   | 35.80*   | 40.00    | 48.00    | 64  |
| 65 COMPREHENSIVE EYE EXAM        |          |          |          |          | 35.80*   | 36.00*   | 35.80*   | 40.00*   | 65  |
| 66 EYE EXAM WITH TONOMETRY       |          |          |          |          | 17.90*   | 14.32*   | 18.80*   | 18.80*   | 66  |
| 67 EXTRACTION OF LENS            | 1046.79* | 1165.74* | 1073.98* | 1220.42* | 969.82*  | 1025.31* | 1084.74* | 1163.50* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 24.00    | 26.00    | 27.00    | 25.06*   | 26.85*   | 26.85*   | 25.06*   | 23.27*   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 32.22*   | 40.00    | 37.59*   | 35.80*   | 35.80*   | 40.00    | 37.59*   | 34.91*   | 69  |
| 70 X-RAY SPINE                   |          |          |          |          | 71.60*   | 78.00    | 69.81*   | 91.00    | 70  |
| 71 X-RAY HIP                     |          |          |          |          | 42.96*   | 48.00    | 42.96*   | 39.38*   | 71  |
| 72 X-RAY UPPER GI TRACT          | 82.68*   | 78.51*   | 81.77*   | 80.55*   | 80.55*   | 80.55*   | 80.55*   | 80.55*   | 72  |
| 73 X-RAY COLON                   |          |          |          |          | 71.60*   | 71.60*   | 64.44*   | 78.00    | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 36.00    | 36.00    | 31.74*   | 45.00    | 36.00    | 36.00    | 31.74*   | 45.00    | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |          |          |          |          |          |          |          |          | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |          |          |          |          |          |          |          |          | 76  |
| 77 CAT SCAN - HEAD               |          |          |          |          | 257.17*  | 257.69*  | 280.00   | 280.00   | 77  |
| 78 CAT SCAN - ABOOMEN            |          |          |          |          | 342.55*  | 343.25*  | 345.00   | 345.00   | 78  |
| 79 THREE CHEMISTRY TESTS         |          |          |          |          | 22.50    | 24.25    | 17.00    | 24.00    | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |          |          |          |          | 25.00    | 34.50    | 30.00    | 39.00    | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |          |          |          |          | 11.00    | 11.00    | 11.00    | 7.50     | 81  |
| 82 HEMOGLOBIN                    |          |          |          |          | 5.00     | 6.00     | 5.00     | 6.50     | 82  |
| 83 AUTOMATED BLOOD COUNT         |          |          |          |          | 7.00     | 7.00     | 7.00     | 7.00     | 83  |
| 84 WHITE CELL COUNT              |          |          |          |          | 5.00     | 5.00     | 5.00     | 5.00     | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |          |          |          |          | 10.50    | 20.00    | 13.40    | 15.00    | 85  |
| 86 CHOLESTEROL TEST              |          |          |          |          | 7.50L    | 9.50L    | 6.00L    | 6.00L    | 86  |
| 87 FLOCCULATION TEST             |          |          |          |          | 5.50     | 5.50     | 5.50     | 5.50     | 87  |
| 88 HEMATOCRIT                    |          |          |          |          | 5.25     | 5.25     | 5.25     | 5.25     | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |          |          |          |          | 7.00     | 9.50     | 9.50     | 10.00    | 89  |
| 90 POTASSIUM TEST - BLOOD        |          |          |          |          | 10.00    | 10.00    | 10.00    | 9.50     | 90  |
| 91 PROTHROMBIN TIME TEST         |          |          |          |          | 8.00L    | 8.00L    | 7.50L    | 6.00L    | 91  |
| 92 SEDIMENTATION RATE            |          |          |          |          | 5.50L    | 6.00L    | 6.00L    | 5.00L    | 92  |
| 93 BLOOD SUGAR                   |          |          |          |          | 8.50     | 15.00    | 12.00    | 10.00    | 93  |
| 94 BUN-UREA - NITROGEN           |          |          |          |          | 8.00     | 9.00L    | 7.00L    | 7.50L    | 94  |
| 95 URIC ACID                     |          |          |          |          | 8.00     | 10.00L   | 7.00L    | 8.00L    | 95  |
| 96 FECES-OCULT BLOOD-SCREENING   |          |          |          |          | 8.00     | 8.00     | 8.00     | 8.00     | 96  |
| 97 PAP TEST                      |          |          |          |          | 10.90    | 12.00    | 12.00    | 15.00    | 97  |
| 98 ROUTINE URINALYSIS            |          |          |          |          | 5.00L    | 6.00L    | 5.00L    | 6.00L    | 98  |
| 99 CHEMICAL URINALYSIS           |          |          |          |          | 4.00     | 5.00     | 5.00     | 4.75     | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |          |          |          |          | 24.00    | 30.00    | 30.00    | 30.00    | 100 |
| 101 ELEC MONITORING-PACEMAKER    |          |          |          |          | 32.81*   | 31.63*   | 40.00    | 40.00    | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |          |          |          |          | 1141.95* | 1141.95* | 1560.00  | 1560.00  | 102 |
| 103 KIDNEY TRANSPLANT            |          |          |          |          | 2141.14* | 2141.14* | 2196.76* | 2196.76* | 103 |
| 104 HOSPITAL BED - RENTAL        |          |          |          |          | 51.65L   | 51.65L   | 51.65L   | 51.65L   | 104 |
| 105 WALKER - RENTAL              |          |          |          |          | 16.00    | 16.00    | 16.00    | 16.00    | 105 |
| 106 WHEELCHAIR - RENTAL          |          |          |          |          | 28.00L   | 28.00L   | 28.00L   | 28.00L   | 106 |
| 107 LIQUID OXYGEN - RENTAL       |          |          |          |          | 72.00    | 72.00    | 72.00    | 72.00    | 107 |
| 108 HOSPITAL BED - PURCHASE      |          |          |          |          | 535.75L  | 535.75L  | 535.75L  | 535.75L  | 108 |
| 109 WALKER - PURCHASE            |          |          |          |          | 51.40    | 51.40    | 51.40    | 51.40    | 109 |
| 110 WHEELCHAIR - PURCHASE        |          |          |          |          | 250.00L  | 250.00L  | 250.00L  | 250.00L  | 110 |



1982 PREVAILING CHARGE SUMMARY DATA OCCIOENTAL LIFE INSURANCE CO.  
LOCALITY OESIGNATION FOR GENERAL PRACTICE

CALIFORNIA  
LOCALITY OESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | PSRO-16 | PSRO-17 | PSRO-18 | PSRO-19 | PSRO-16  | PSRO-17  | PSRO-18  | PSRO-19  |    |
|----------------------------------|---------|---------|---------|---------|----------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |         |         |         | 29.50    | 28.60*   | 32.50    | 35.00    | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 32.00   | 32.00   | 37.00   | 38.00   | 40.00    | 40.00    | 40.00    | 50.00    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |         |         | 60.00    | 60.00    | 60.00    | 53.70*   | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 65.00   | 91.30*  | 80.00   | 75.00   | 85.50    | 93.10*   | 89.50*   | 89.50*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 10.00   | 10.70*  | 10.00   | 14.00   | 11.00    | 11.50*   | 12.00    | 14.30*   | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 15.20*  | 14.30*  | 17.90*  | 17.90*  | 17.90*   | 19.00    | 22.40*   | 21.50*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 20.00   | 22.00   | 22.00   | 21.50*  | 22.40*   | 23.30*   | 26.00    | 21.50*   | 7  |
| 8 INTERMOIATE F/U OFFICE VISIT   | 30.00   | 25.00   | 25.00   | 28.60*  | 26.00    | 30.00    | 26.90*   | 28.60*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 35.00   | 37.00   | 35.00   | 30.00   | 42.00    | 39.00    | 35.00    | 40.00    | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 60.00   | 60.90*  | 75.00   | 62.70*  | 67.10*   | 60.90*   | 71.60*   | 89.50*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 30.00   | 28.00   | 35.00   | 35.00   | 32.00*   | 32.00*   | 32.00*   | 30.00    | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |         |         |         | 38.30*   | 35.00    | 35.00    | 35.00    | 12 |
| 13 INTERMOIATE F/U HOME VISIT    | 37.60*  | 35.80*  | 35.80*  | 44.80*  | 35.80*   | 35.80*   | 35.00    | 35.80*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |         |         | 23.10*   | 21.70*   | 20.00    | 23.70*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 23.80*  | 21.30*  | 25.00   | 26.50*  | 21.70*   | 25.80*   | 27.00*   | 30.00    | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 45.60*  | 44.80*  | 60.00   | 60.00   | 48.30*   | 44.80*   | 50.00    | 50.00    | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         |         |         | 71.60*   | 71.60*   | 89.50*   | 80.60*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 95.00   | 85.90*  | 100.00  | 89.50*  | 89.50*   | 102.00*  | 89.50*   | 89.50*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 17.90*  | 17.90*  | 25.00   | 21.50*  | 17.90*   | 21.50*   | 25.00    | 25.00    | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 25.00   | 28.12   | 30.00   | 30.00   | 26.90*   | 28.60*   | 26.90*   | 28.60*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 32.20*  | 26.90*  | 26.90*  | 17.90*  | 26.90*   | 30.40*   | 26.90*   | 26.90*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         |         |         | 50.00    | 55.00    | 35.80*   | 35.80*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |         |         |         | 27.00*   | 26.50    | 33.80*   | 33.80*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         |         |         | 35.30*   | 40.60*   | 36.50*   | 40.00    | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |         |         |         | 50.00    | 64.00    | 50.00    | 65.00    | 25 |
| 26 LIMITED CONSULTATION          | 44.80*  | 45.00   | 45.00   | 45.00   | 48.30*   | 62.70*   | 55.00    | 50.00    | 26 |
| 27 EXTENSIVE CONSULTATION        |         |         |         |         | 80.60*   | 71.60*   | 75.00    | 89.50*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |         |         |         | 98.50*   | 102.00*  | 134.30*  | 107.40*  | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |         |         |         | 62.70*   | 71.60*   | 80.60*   | 74.30*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |         |         |         | 45.00    | 30.00    | 40.00    | 44.80*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |         |         |         |         | 13.20*   | 15.90*   | 15.90*   | 15.90*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |         |         |         | 24.30*   | 24.30*   | 24.30*   | 24.30*   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |         |         |         | 24.20*   | 21.50*   | 23.00    | 20.00    | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 32.00   | 40.00   | 35.00   | 35.00   | 35.00    | 37.00    | 35.00    | 35.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 17.00   | 17.00   | 17.00   | 17.00   | 15.75    | 15.75    | 15.75    | 17.90*   | 35 |
| 36 SPIROMETRY                    |         |         |         |         | 30.00    | 30.00    | 30.00    | 30.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |         |         |         | 100.00   | 89.50*   | 100.00   | 90.00    | 37 |
| 38 CHEMOTHERAPY                  |         |         |         |         |          |          |          |          | 38 |
| 39 COLLECTION OF SPECIMENS       |         |         |         |         |          |          |          |          | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |         |         |         | 25.10*   | 25.10*   | 25.60*   | 25.10*   | 40 |
| 41 SKIN BIOPSY                   |         |         |         |         | 45.60*   | 45.60*   | 62.70*   | 45.60*   | 41 |
| 42 CHEMOCAUTERY                  |         |         |         |         |          |          |          |          | 42 |
| 43 RADICAL MASTECTOMY            |         |         |         |         | 1163.50* | 1163.50* | 1163.50* | 1163.50* | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |         |         |         | 1378.30* | 1500.40* | 1611.00* | 1650.40* | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 32.20*  | 32.20*  | 34.00*  | 36.00   | 30.00    | 30.00    | 30.00    | 26.90*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         |         |         |         |          |          |          |          | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         |         |         | 2685.00* | 2685.00* | 2685.00* | 2685.00* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |         |         |         | 34.50*   | 241.70*  | 34.50*   | 241.70*  | 48 |
| 49 BRONCHOSCOPY                  |         |         |         |         |          |          |          |          | 49 |
| 50 THORACENTESIS                 |         |         |         |         | 44.80*   | 44.80*   | 44.80*   | 44.80*   | 50 |
| 51 CATHETERIZATION OF HEART      |         |         |         |         | 700.00   | 700.00   | 700.00   | 700.00   | 51 |
| 52 INSERTION OF PACEMAKER        |         |         |         |         | 1611.00* | 1611.00* | 1611.00* | 1611.00* | 52 |
| 53 PARTIAL COLECTOMY             |         |         |         |         | 1500.00  | 1217.20* | 1432.00* | 1378.30* | 53 |
| 54 APPENDECTOMY                  |         |         |         |         | 644.40*  | 644.40*  | 644.40*  | 644.40*  | 54 |
| 55 SIGMOIDOSCOPY                 |         |         |         |         | 43.00*   | 48.30*   | 46.10*   | 45.10*   | 55 |

1982 PREVAILING CHARGE SUMMARY DATA OCCIDENTAL LIFE INSURANCE CO.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | PSRD-16 | PSRD-17 | PSRD-18 | PSRD-19 | PSRD-16  | PSRD-17  | PSRD-18  | PSRD-19  |     |
|----------------------------------|---------|---------|---------|---------|----------|----------|----------|----------|-----|
| 56 HEMDRRHDIECTOMY               |         |         |         |         | 537.00*  | 537.00*  | 537.00*  | 537.00*  | 56  |
| 57 CHDLECYSTECTOMY               |         |         |         |         | 1074.00* | 984.50*  | 1151.00* | 1074.00* | 57  |
| 58 REPAIR HERNIA                 |         |         |         |         | 676.60*  | 676.60*  | 716.00*  | 716.00*  | 58  |
| 59 DIAGNOSTIC CYSTDURETHROSCOPY  |         |         |         |         | 75.20*   | 76.60*   | 89.50*   | 80.00    | 59  |
| 60 DILATION OF URETHRA           |         |         |         |         | 30.00    | 24.00    | 28.00    | 53.70*   | 60  |
| 61 PRDSTATECTOMY - SUPRAPUBIC    |         |         |         |         | 1432.00* | 1432.00* | 1492.00* | 1503.60* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) |         |         |         |         | 1432.00* | 1145.60* | 1521.50* | 1503.60* | 62  |
| 63 HYSTERECTOMY                  |         |         |         |         | 1208.30* | 1208.30* | 1253.00* | 1353.20* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |         |         |         | 45.00    | 44.80*   | 49.00    | 47.00*   | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |         |         |         | 53.70*   | 43.00*   | 53.70*   | 46.50*   | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |         |         |         | 17.90*   | 18.80*   | 17.90*   | 17.90*   | 66  |
| 67 EXTRACTION OF LENS            |         |         |         |         | 1253.00* | 1253.00* | 1432.00* | 1432.00* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 26.90*  | 28.60*  | 25.00   | 26.90*  | 31.00    | 26.90*   | 32.00    | 26.90*   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 36.00   | 45.00   | 37.60*  | 37.60*  | 37.60*   | 40.30*   | 37.60*   | 40.30*   | 69  |
| 70 X-RAY SPINE                   |         |         |         |         | 81.40*   | 77.75    | 77.90*   | 87.30*   | 70  |
| 71 X-RAY HIP                     |         |         |         |         | 43.00    | 47.10*   | 48.00    | 47.10*   | 71  |
| 72 X-RAY UPPER GI TRACT          |         |         |         |         | 87.70*   | 89.00    | 85.00*   | 89.00    | 72  |
| 73 X-RAY COLON                   |         |         |         |         | 80.60*   | 80.60*   | 80.60*   | 90.40*   | 73  |
| 74 RADIATION THERAPY-LDW VOLT    |         |         |         |         | 39.70*   | 39.70*   | 39.70*   | 39.70*   | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |         |         |         |         | 50.10*   | 53.70*   | 50.10*   | 53.70*   | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         |         |         |         |          |          |          |          | 76  |
| 77 CAT SCAN - HEAD               |         |         |         |         |          |          |          |          | 77  |
| 78 CAT SCAN - ABOOMEN            |         |         |         |         |          |          |          |          | 78  |
| 79 THREE CHEMISTRY TESTS         |         |         |         |         |          |          |          |          | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |         |         |         | 39.00    | 38.00    | 34.00    | 38.00    | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         |         |         |         | 15.00    | 15.00    | 15.00    | 15.00    | 81  |
| 82 HEMOGLOBIN                    |         |         |         |         | 6.00     | 6.00     | 6.00     | 3.00     | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |         |         |         | 10.00    | 10.00    | 10.00    | 10.00    | 83  |
| 84 WHITE CELL COUNT              |         |         |         |         | 4.00     | 4.00     | 4.00     | 4.00     | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |         |         |         | 15.00    | 15.00    | 10.00    | 9.00     | 85  |
| 86 CHOLESTEROL TEST              |         |         |         |         | 5.00L    | 8.00L    | 8.00L    | 7.00L    | 86  |
| 87 FLOCCULATION TEST             |         |         |         |         | 10.00    | 10.00    | 10.00    | 10.00    | 87  |
| 88 HEMATOCRIT                    |         |         |         |         | 6.00     | 6.00     | 6.00     | 5.00     | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |         |         |         | 12.00    | 12.00    | 8.00     | 13.50    | 89  |
| 90 POTASSIUM TEST - BLOOD        |         |         |         |         | 10.00    | 10.00    | 10.00    | 10.00    | 90  |
| 91 PROTHROMBIN TIME TEST         |         |         |         |         | 7.00L    | 9.00L    | 5.75L    | 6.00L    | 91  |
| 92 SEDIMENTATION RATE            |         |         |         |         | 6.00L    | 6.00L    | 4.00L    | 5.00L    | 92  |
| 93 BLOOD SUGAR                   |         |         |         |         | 10.00    | 10.00    | 11.00    | 7.00     | 93  |
| 94 BUN-UREA - NITROGEN           |         |         |         |         | 5.00L    | 6.00L    | 8.00L    | 7.00L    | 94  |
| 95 URIC ACID                     |         |         |         |         | 5.00L    | 7.75L    | 8.00L    | 7.00L    | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |         |         |         |         | 10.00    | 10.00    | 10.00    | 10.00    | 96  |
| 97 PAP TEST                      |         |         |         |         | 15.00    | 15.00    | 15.00    | 15.00    | 97  |
| 98 ROUTINE URINALYSIS            |         |         |         |         | 6.00L    | 6.00L    | 6.00L    | 5.25L    | 98  |
| 99 CHEMICAL URINALYSIS           |         |         |         |         | 5.00     | 5.00     | 6.00     | 5.00     | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |         |         |         |          |          |          |          | 100 |
| 101 ELECTRONIC DRIVING-PACEMAKER |         |         |         |         |          |          |          |          | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |         |         |         |          |          |          |          | 102 |
| 103 KIDNEY TRANSPLANT            |         |         |         |         |          |          |          |          | 103 |
| 104 HOSPITAL BED - RENTAL        |         |         |         |         | 57.00L   | 57.00L   | 57.00L   | 57.00L   | 104 |
| 105 WALKER - RENTAL              |         |         |         |         | 30.00    | 30.00    | 30.00    | 30.00    | 105 |
| 106 WHEELCHAIR - RENTAL          |         |         |         |         | 32.00L   | 32.00L   | 32.00L   | 32.00L   | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         |         |         |         | 74.20    | 74.20    | 74.20    | 74.20    | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |         |         |         | 513.04L  | 513.04L  | 513.04L  | 513.04L  | 108 |
| 109 WALKER - PURCHASE            |         |         |         |         |          |          |          |          | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |         |         |         | 251.00L  | 251.00L  | 251.00L  | 251.00L  | 110 |

1982 PREVAILING CHARGE SUMMARY DATA OCCIDENTAL LIFE INSURANCE CO.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | PSRO-20 | PSRO-21 | PSRO-22 | PSRO-23 | PSRO-20  | PSRO-21  | PSRO-22  | PSRO-23  |    |
|----------------------------------|---------|---------|---------|---------|----------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |         |         |         | 30.00    | 35.00    | 35.00    | 28.60*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 32.00   | 31.00   | 35.00   | 32.00   | 40.00    | 40.00    | 50.00    | 45.00    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |         |         | 55.00    | 53.70*   | 75.00    | 63.00    | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 85.00   | 80.00   | 89.50*  | 85.00   | 89.50*   | 89.50*   | 89.50*   | 98.50*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 12.00   | 14.30*  | 13.70   | 15.00   | 15.00    | 13.00    | 15.00    | 13.00    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 17.90*  | 17.90*  | 17.90*  | 17.90*  | 21.50*   | 21.50*   | 25.00    | 21.50*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 21.50*  | 21.50*  | 21.50*  | 19.70*  | 26.00    | 25.00    | 26.90*   | 21.50*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 25.00   | 23.00   | 26.90*  | 25.00   | 30.00    | 27.00    | 26.90*   | 26.90*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 30.00   | 35.00   | 40.00   | 35.00   | 40.00    | 40.00    | 45.00    | 45.00    | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 62.70*  | 60.00   | 62.70*  | 70.00   | 74.30*   | 71.60*   | 80.60*   | 85.00    | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 30.00   | 33.00   | 35.80*  | 20.00   | 32.00*   | 32.00*   | 32.00*   | 32.00*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |         |         |         | 35.00    | 35.00    | 35.00    | 38.30*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 35.80*  | 28.00   | 44.80*  | 35.00   | 35.80*   | 35.80*   | 35.80*   | 35.80*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |         |         | 25.00    | 21.70*   | 25.00    | 21.70*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 25.00   | 21.30*  | 25.00   | 26.50*  | 27.00*   | 32.60*   | 27.00*   | 27.00*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 62.70*  | 50.00   | 60.00   | 50.00   | 50.00    | 45.00    | 60.00    | 50.00    | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         |         |         | 85.90*   | 71.60*   | 89.50*   | 80.00    | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 100.00  | 89.50*  | 89.50*  | 89.50*  | 89.50*   | 89.50*   | 89.50*   | 107.40*  | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 25.00   | 25.00   | 20.32   | 25.00   | 25.00    | 25.00    | 25.00    | 25.00    | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 28.60*  | 26.90*  | 35.80*  | 26.90*  | 32.20*   | 26.90*   | 35.00    | 26.90*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 26.90*  | 26.90*  | 26.90*  | 26.90*  | 26.90*   | 26.90*   | 35.80*   | 26.90*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         |         |         | 35.80*   | 35.80*   | 50.00    | 35.00*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |         |         |         | 33.80*   | 32.60*   | 33.80*   | 33.80*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         |         |         | 33.80*   | 31.00    | 40.00    | 33.80*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |         |         |         | 65.00    | 50.00    | 50.00    | 89.50*   | 25 |
| 26 LIMITED CONSULTATION          | 45.00   | 45.00   | 44.80*  | 60.00   | 50.00    | 60.00    | 60.00    | 60.00    | 26 |
| 27 EXTENSIVE CONSULTATION        |         |         |         |         | 89.50*   | 80.00    | 89.50*   | 90.00    | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |         |         |         | 116.40*  | 89.50*   | 134.30*  | 134.30*  | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |         |         |         | 71.60*   | 85.00    | 62.70*   | 80.00    | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |         |         |         | 44.80*   | 44.80*   | 50.00    | 50.00    | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |         |         |         |         | 15.90*   | 15.90*   | 15.90*   | 14.00*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |         |         |         | 24.30*   | 24.30*   | 24.30*   | 24.30*   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |         |         |         | 25.00    | 25.00    | 21.50*   | 22.00    | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 37.60*  | 36.00   | 37.60*  | 37.00   | 40.00    | 35.00    | 35.80*   | 35.80*   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 17.00   | 17.00   | 17.00   | 17.00   | 15.75    | 21.25    | 15.75    | 15.00    | 35 |
| 36 SPIROMETRY                    |         |         |         |         | 30.00    | 30.00    | 30.00    | 30.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |         |         |         | 85.00    | 100.00   | 115.00   | 85.00    | 37 |
| 38 CHEMOTHERAPY                  |         |         |         |         |          |          |          |          | 38 |
| 39 COLLECTION OF SPECIMENS       |         |         |         |         |          |          |          |          | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |         |         |         | 25.10*   | 25.10*   | 25.10*   | 25.10*   | 40 |
| 41 SKIN BIOPSY                   |         |         |         |         | 45.60*   | 50.00    | 45.60*   | 53.70*   | 41 |
| 42 CHEMOCAUTERY                  |         |         |         |         |          |          |          |          | 42 |
| 43 RADICAL MASTECTOMY            |         |         |         |         | 1163.50* | 1163.50* | 1163.50* | 1163.50* | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |         |         |         | 1636.80* | 1673.70* | 1800.40* | 1650.40* | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 35.80*  | 32.20*  | 32.20*  | 35.80*  | 35.80*   | 35.80*   | 35.00    | 26.90*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         |         |         |         |          |          |          |          | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         |         |         | 2685.00* | 2685.00* | 2685.00* | 2685.00* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |         |         |         | 27.60*   | 241.70*  | 34.50*   | 241.70*  | 48 |
| 49 BRONCHOSCOPY                  |         |         |         |         |          |          |          |          | 49 |
| 50 THORACENTESIS                 |         |         |         |         | 44.80*   | 44.80*   | 44.80*   | 44.80*   | 50 |
| 51 CATHETERIZATION OF HEART      |         |         |         |         | 700.00   | 700.00   | 700.00   | 700.00   | 51 |
| 52 INSERTION OF PACEMAKER        |         |         |         |         | 1611.00* | 1611.00* | 1611.00* | 1611.00* | 52 |
| 53 PARTIAL COLECTOMY             |         |         |         |         | 1790.00* | 1700.00  | 1745.30* | 1680.00  | 53 |
| 54 APPENDECTOMY                  |         |         |         |         | 644.40*  | 644.40*  | 644.40*  | 644.40*  | 54 |
| 55 SIGMOIDOSCOPY                 |         |         |         |         | 49.60*   | 48.30*   | 55.10*   | 55.10*   | 55 |



1982 PREVAILING CHARGE SUMMARY DATA OCCIDENTAL LIFE INSURANCE CO.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | PSRO-20 | PSRO-21 | PSRO-22 | PSRO-23 | PSRO-20  | PSRO-21  | PSRO-22  | PSRO-23  |     |
|----------------------------------|---------|---------|---------|---------|----------|----------|----------|----------|-----|
| 56 HEMORRHOIDECTOMY              |         |         |         |         | 537.00*  | 537.00*  | 537.00*  | 537.00*  | 56  |
| 57 CHOLECYSTECTOMY               |         |         |         |         | 1163.50* | 1181.40* | 1208.30* | 1074.00* | 57  |
| 58 REPAIR HERNIA                 |         |         |         |         | 716.00*  | 751.80*  | 805.50*  | 805.50*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  |         |         |         |         | 89.50*   | 85.00    | 97.60*   | 89.50*   | 59  |
| 60 DILATION OF URETHRA           |         |         |         |         | 30.40*   | 26.90*   | 26.90*   | 37.50    | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         |         |         |         | 1481.20* | 1432.00* | 1750.00  | 1476.80* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) |         |         |         |         | 1481.20* | 1432.00* | 1611.00* | 1432.00* | 62  |
| 63 HYSTERECTOMY                  |         |         |         |         | 1521.50* | 1600.00  | 1253.00* | 1288.80* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |         |         |         | 50.00    | 40.00    | 53.70*   | 45.00    | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |         |         |         | 43.00*   | 43.00*   | 44.80*   | 57.30*   | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |         |         |         | 17.90*   | 16.10*   | 15.00    | 21.50*   | 66  |
| 67 EXTRACTION OF LENS            |         |         |         |         | 1500.00  | 1253.00* | 1549.60* | 1432.00* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 26.00   | 25.00   | 26.90*  | 30.00   | 30.00    | 26.90*   | 26.90*   | 31.00    | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 37.60*  | 38.50*  | 39.40*  | 40.30*  | 37.60*   | 40.30*   | 37.60*   | 40.30*   | 69  |
| 70 X-RAY SPINE                   |         |         |         |         | 77.90*   | 88.60*   | 81.40*   | 85.00    | 70  |
| 71 X-RAY HIP                     |         |         |         |         | 44.80*   | 50.00    | 43.00*   | 47.10*   | 71  |
| 72 X-RAY UPPER GI TRACT          |         |         |         |         | 89.00    | 89.00    | 81.40*   | 89.00    | 72  |
| 73 X-RAY COLON                   |         |         |         |         | 93.00    | 85.00*   | 80.60*   | 80.60*   | 73  |
| 74 RAOIATION THERAPY-LOW VOLT    |         |         |         |         | 39.70*   | 39.70*   | 39.70*   | 39.70*   | 74  |
| 75 RAOIATION THERAPY-SUPER VOLT  |         |         |         |         | 50.10*   | 53.70*   | 50.10*   | 53.70*   | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         |         |         |         |          |          |          |          | 76  |
| 77 CAT SCAN - HEAD               |         |         |         |         |          |          |          |          | 77  |
| 78 CAT SCAN - ABOOMEN            |         |         |         |         |          |          |          |          | 78  |
| 79 THREE CHEMISTRY TESTS         |         |         |         |         |          |          |          |          | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |         |         |         | 30.00    | 42.00    | 40.00    | 37.00    | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         |         |         |         | 15.00    | 15.00    | 15.00    | 15.00    | 81  |
| 82 HEMOGLOBIN                    |         |         |         |         | 6.00     | 6.00     | 6.00     | 6.00     | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |         |         |         | 10.00    | 10.00    | 10.00    | 10.00    | 83  |
| 84 WHITE CELL COUNT              |         |         |         |         | 4.00     | 4.00     | 4.00     | 4.00     | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |         |         |         | 16.00    | 15.00    | 12.00    | 12.50    | 85  |
| 86 CHOLESTEROL TEST              |         |         |         |         | 8.00L    | 8.00L    | 10.00L   | 10.00L   | 86  |
| 87 FLOCCULATION TEST             |         |         |         |         | 10.00    | 10.00    | 10.00    | 10.00    | 87  |
| 88 HEMATOCRIT                    |         |         |         |         | 6.00     | 6.00     | 6.00     | 6.00     | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |         |         |         | 10.00    | 9.50     | 13.00    | 12.00    | 89  |
| 90 POTASSIUM TEST - BLOOD        |         |         |         |         | 9.00     | 10.00    | 11.50    | 10.00    | 90  |
| 91 PROTHROMBIN TIME TEST         |         |         |         |         | 8.00L    | 7.00L    | 7.50L    | 7.20L    | 91  |
| 92 SEDIMENTATION RATE            |         |         |         |         | 6.00L    | 5.00L    | 7.00L    | 5.00L    | 92  |
| 93 BLOOD SUGAR                   |         |         |         |         | 8.50     | 8.00     | 11.50    | 10.00    | 93  |
| 94 BUN-UREA - NITROGEN           |         |         |         |         | 8.00L    | 8.00L    | 8.00L    | 8.00L    | 94  |
| 95 URIC ACID                     |         |         |         |         | 8.00L    | 8.00L    | 9.00L    | 8.00L    | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |         |         |         |         | 10.00    | 10.00    | 10.00    | 12.00    | 96  |
| 97 PAP TEST                      |         |         |         |         | 15.00    | 15.00    | 15.00    | 15.00    | 97  |
| 98 ROUTINE URINALYSIS            |         |         |         |         | 6.00L    | 6.00L    | 7.00L    | 6.00L    | 98  |
| 99 CHEMICAL URINALYSIS           |         |         |         |         | 5.50     | 5.00     | 7.00     | 5.50     | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |         |         |         |          |          |          |          | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |         |         |         |          |          |          |          | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |         |         |         |          |          |          |          | 102 |
| 103 KIDNEY TRANSPLANT            |         |         |         |         |          |          |          |          | 103 |
| 104 HOSPITAL BED - RENTAL        |         |         |         |         | 57.00L   | 57.00L   | 57.00L   | 57.00L   | 104 |
| 105 WALKER - RENTAL              |         |         |         |         | 30.00    | 30.00    | 30.00    | 30.00    | 105 |
| 106 WHEELCHAIR - RENTAL          |         |         |         |         | 32.00L   | 32.00L   | 32.00L   | 32.00L   | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         |         |         |         | 74.20    | 74.20    | 74.20    | 74.20    | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |         |         |         | 513.04L  | 513.04L  | 513.04L  | 513.04L  | 108 |
| 109 WALKER - PURCHASE            |         |         |         |         |          |          |          |          | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |         |         |         | 251.00L  | 251.00L  | 251.00L  | 251.00L  | 110 |

1982 PREVAILING CHARGE SUMMARY DATA OCCIDENTAL LIFE INSURANCE CO.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | PSR0-24 | PSR0-25 | PSR0-26 | PSR0-28 | PSR0-24  | PSR0-25  | PSR0-26  | PSR0-28  |    |
|----------------------------------|---------|---------|---------|---------|----------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |         |         |         | 30.00    | 35.00    | 32.20*   | 30.00    | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 40.00   | 30.00   | 33.00   | 30.00   | 40.00    | 40.00    | 40.00    | 42.00    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |         |         | 60.00    | 60.00    | 62.70*   | 62.70*   | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 89.50*  | 75.00   | 89.50*  | 85.00   | 89.50*   | 89.50*   | 89.50*   | 94.00    | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 14.30*  | 15.00   | 14.30*  | 12.50*  | 10.00    | 14.99    | 12.50*   | 10.00    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 17.90*  | 20.00   | 17.90*  | 16.10*  | 21.50*   | 25.00    | 21.50*   | 17.90*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 21.50*  | 25.00   | 21.50*  | 19.70*  | 25.00    | 26.90*   | 21.50*   | 19.70*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 25.00   | 25.00   | 25.00   | 25.00   | 26.90*   | 30.00    | 26.90*   | 30.00    | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 35.00   | 30.00   | 30.00   | 37.00   | 44.80*   | 35.00    | 35.00    | 40.00    | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 60.00   | 62.70*  | 62.70*  | 62.70*  | 62.70*   | 62.70*   | 71.60*   | 70.00    | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 32.50   | 25.00   | 35.80*  | 28.60*  | 20.00    | 32.00*   | 30.00    | 20.00    | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |         |         |         | 28.00    | 38.30*   | 38.30*   | 35.00    | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 35.80*  | 35.00   | 35.80*  | 40.00   | 35.80*   | 35.80*   | 35.80*   | 35.80*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |         |         | 23.70*   | 25.00    | 25.00    | 21.70*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 23.80*  | 26.50*  | 26.50*  | 23.80*  | 27.00*   | 33.80*   | 27.00*   | 21.70*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 52.50   | 56.00   | 62.70*  | 48.30*  | 45.00    | 55.00    | 60.00    | 44.80*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         |         |         | 71.60*   | 89.50*   | 89.50*   | 74.30*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 89.50*  | 94.00*  | 89.50*  | 85.90*  | 94.00*   | 91.30*   | 107.40*  | 100.00   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 20.00   | 25.00   | 23.30*  | 17.90*  | 25.00    | 25.00    | 25.00    | 21.50*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 30.00   | 32.50   | 26.90*  | 26.00   | 35.00    | 35.00    | 28.60*   | 30.00    | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 35.80*  | 26.90*  | 32.20*  | 21.50*  | 26.90*   | 35.80*   | 26.90*   | 26.90*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         |         |         | 35.80*   | 44.80*   | 44.00    | 44.80*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |         |         |         | 27.00*   | 35.00    | 33.80*   | 27.00*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         |         |         | 40.00    | 40.00    | 40.00    | 39.90*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |         |         |         | 50.00    | 50.00    | 50.00    | 65.00    | 25 |
| 26 LIMITED CONSULTATION          | 45.00   | 45.00   | 44.80*  | 42.00   | 50.00    | 50.00    | 50.00    | 53.70*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         |         |         |         | 86.00    | 80.00    | 87.00    | 74.30*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |         |         |         | 132.00   | 134.30*  | 107.40*  | 105.60*  | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |         |         |         | 71.60*   | 71.60*   | 71.60*   | 71.60*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |         |         |         | 50.00    | 43.00*   | 43.00*   | 43.00*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |         |         |         |         | 15.90*   | 15.90*   | 15.90*   | 15.90*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |         |         |         | 24.30*   | 24.30*   | 24.30*   | 24.30*   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |         |         |         | 25.00    | 25.00    | 20.00    | 18.00    | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 35.00   | 35.00   | 38.50*  | 35.00   | 35.00    | 35.00    | 35.80*   | 35.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 17.00   | 17.00   | 17.00   | 17.00   | 15.75    | 15.75    | 17.90*   | 15.75    | 35 |
| 36 SPIROMETRY                    |         |         |         |         | 30.00    | 55.00    | 30.00    | 40.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |         |         |         | 85.00    | 100.00   | 89.50*   | 89.50*   | 37 |
| 38 CHEMOTHERAPY                  |         |         |         |         |          |          |          |          | 38 |
| 39 COLLECTION OF SPECIMENS       |         |         |         |         |          |          |          |          | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |         |         |         | 25.10*   | 25.10*   | 25.10*   | 25.10*   | 40 |
| 41 SKIN BIOPSY                   |         |         |         |         | 50.00    | 60.00    | 45.00    | 55.50*   | 41 |
| 42 CHEMOCAUTERY                  |         |         |         |         |          |          |          |          | 42 |
| 43 RADICAL MASTECTOMY            |         |         |         |         | 1074.00* | 1163.50* | 1163.50* | 1088.30* | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |         |         |         | 1700.50* | 1880.90* | 1650.40* | 1575.20* | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 35.80*  | 21.50*  | 35.80*  | 32.00   | 35.00    | 20.00*   | 35.80*   | 37.60*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         |         |         |         |          |          |          |          | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         |         |         | 2000.00* | 2685.00* | 2685.00* | 2685.00* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |         |         |         | 27.60*   | 241.70*  | 34.50*   | 31.00*   | 48 |
| 49 BRONCHOSCOPY                  |         |         |         |         |          |          |          |          | 49 |
| 50 THORACENTESIS                 |         |         |         |         | 44.80*   | 45.00*   | 44.80*   | 44.80*   | 50 |
| 51 CATHETERIZATION OF HEART      |         |         |         |         | 700.00   | 700.00   | 716.00*  | 700.00   | 51 |
| 52 INSERTION OF PACEMAKER        |         |         |         |         | 1611.00* | 1611.00* | 1611.00* | 1611.00* | 52 |
| 53 PARTIAL COLECTOMY             |         |         |         |         | 1710.00  | 2237.50* | 1503.60* | 1288.80* | 53 |
| 54 APPENDECTOMY                  |         |         |         |         | 716.00*  | 644.40*  | 644.40*  | 629.20*  | 54 |
| 55 SIGMOIDOSCOPY                 |         |         |         |         | 49.60*   | 59.70*   | 45.50*   | 41.30*   | 55 |

1982 PREVAILING CHARGE SUMMARY DATA OCCIDENTAL LIFE INSURANCE CO.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

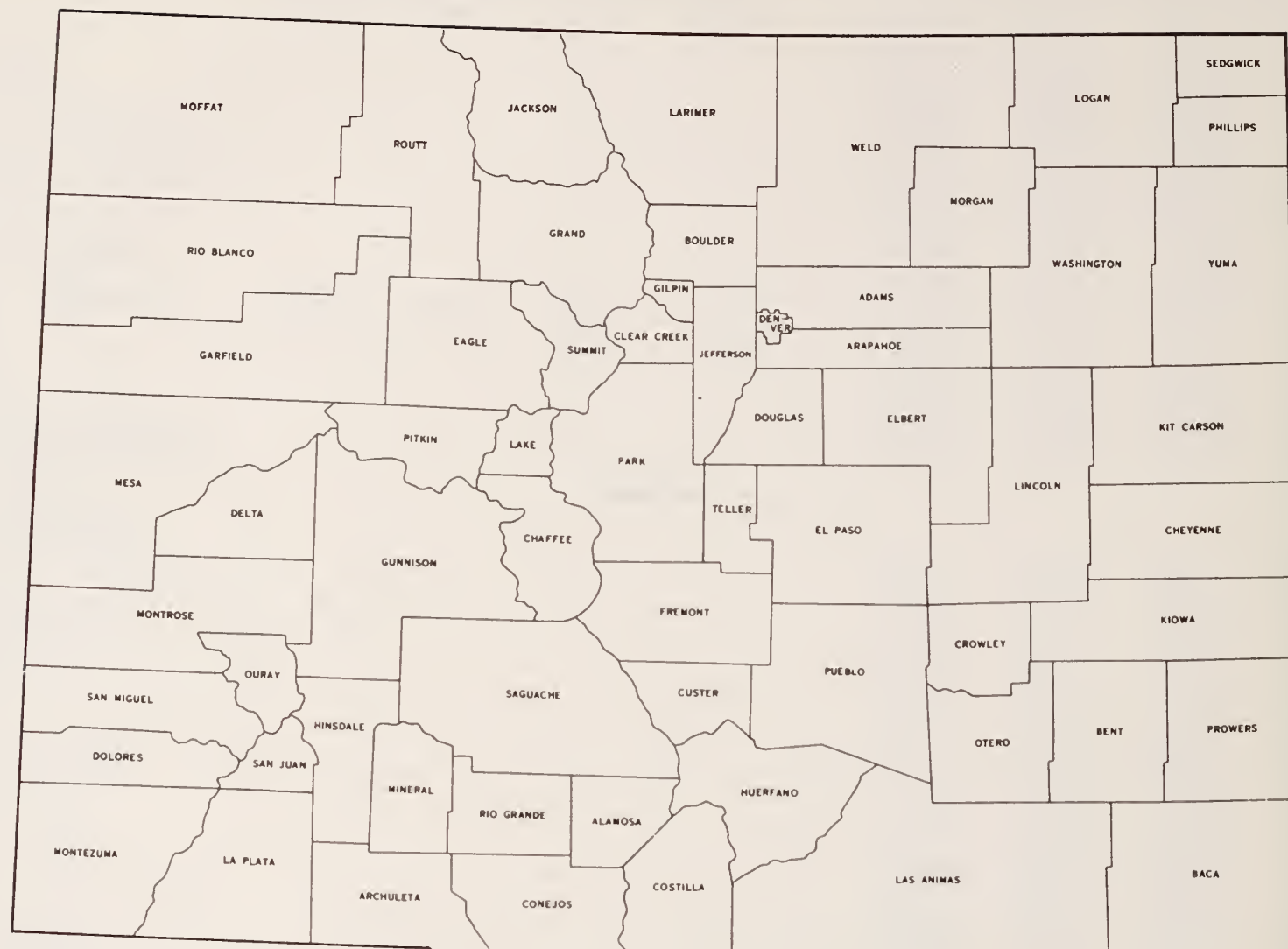
CALIFORNIA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | PSRO-24 | PSRO-25 | PSRO-26 | PSRO-28 | PSRO-24  | PSRO-25  | PSRO-26  | PSRO-28  |     |
|----------------------------------|---------|---------|---------|---------|----------|----------|----------|----------|-----|
| 56 HEMORRHOIOECTOMY              |         |         |         |         | 585.00   | 537.00*  | 537.00*  | 483.30*  | 56  |
| 57 CHOLECYSTECTOMY               |         |         |         |         | 1230.00  | 1432.00* | 1038.20* | 1000.00  | 57  |
| 58 REPAIR HERNIA                 |         |         |         |         | 805.50*  | 895.00*  | 644.40*  | 656.90*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  |         |         |         |         | 80.60*   | 107.40*  | 83.60*   | 76.60*   | 59  |
| 60 DILATION OF URETHRA           |         |         |         |         | 26.90*   | 24.00    | 35.00    | 26.90*   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         |         |         |         | 1432.00* | 1800.00  | 1432.00* | 1432.00* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) |         |         |         |         | 1432.00* | 1646.80* | 1396.20* | 1288.80* | 62  |
| 63 HYSTERECTOMY                  |         |         |         |         | 1253.00* | 1342.50* | 1253.00* | 1163.50* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |         |         |         | 45.00    | 48.00    | 44.80*   | 45.00    | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |         |         |         | 50.10*   | 53.70*   | 43.00*   | 43.00*   | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |         |         |         | 25.00    | 25.00    | 17.90*   | 17.90*   | 66  |
| 67 EXTRACTION OF LENS            |         |         |         |         | 1408.70* | 1521.50* | 1197.50* | 1250.00  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 25.00   | 27.00   | 26.00   | 26.90*  | 26.90*   | 30.00    | 28.00    | 26.90*   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 39.40*  | 40.00   | 39.40*  | 37.60*  | 37.60*   | 35.80*   | 40.00    | 37.60*   | 69  |
| 70 X-RAY SPINE                   |         |         |         |         | 72.50*   | 71.60*   | 74.30*   | 78.00    | 70  |
| 71 X-RAY HIP                     |         |         |         |         | 48.30*   | 44.80*   | 45.00    | 43.90*   | 71  |
| 72 X-RAY UPPER GI TRACT          |         |         |         |         | 89.00    | 89.00    | 86.80*   | 87.70*   | 72  |
| 73 X-RAY COLON                   |         |         |         |         | 95.00    | 106.00   | 80.60*   | 80.60*   | 73  |
| 74 RADIATION THERAPY-LOW VOLT    |         |         |         |         | 39.70*   | 39.70*   | 39.70*   | 39.70*   | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |         |         |         |         | 53.70*   | 50.10*   | 50.10*   | 50.10*   | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         |         |         |         |          |          |          |          | 76  |
| 77 CAT SCAN - HEAD               |         |         |         |         |          |          |          |          | 77  |
| 78 CAT SCAN - ABDOMEN            |         |         |         |         |          |          |          |          | 78  |
| 79 THREE CHEMISTRY TESTS         |         |         |         |         |          |          |          |          | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |         |         |         | 36.00    | 40.00    | 36.00    | 26.00    | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         |         |         |         | 15.00    | 15.00    | 15.00    | 15.00    | 81  |
| 82 HEMOGLOBIN                    |         |         |         |         | 6.00     | 6.00     | 6.00     | 6.00     | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |         |         |         | 10.00    | 10.00    | 10.00    | 10.00    | 83  |
| 84 WHITE CELL COUNT              |         |         |         |         | 4.00     | 4.00     | 4.00     | 4.00     | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |         |         |         | 15.00    | 12.00    | 10.00    | 8.50     | 85  |
| 86 CHOLESTEROL TEST              |         |         |         |         | 7.50L    | 8.00L    | 7.00L    | 8.00L    | 86  |
| 87 FLOCCULATION TEST             |         |         |         |         | 10.00    | 10.00    | 10.00    | 10.00    | 87  |
| 88 HEMATOCRIT                    |         |         |         |         | 6.00     | 4.00     | 6.00     | 6.00     | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |         |         |         | 10.00    | 15.00    | 10.00    | 9.60     | 89  |
| 90 POTASSIUM TEST - BLOOD        |         |         |         |         | 10.00    | 10.00    | 10.00    | 10.00    | 90  |
| 91 PROTHROMBIN TIME TEST         |         |         |         |         | 7.00L    | 8.00L    | 7.50L    | 7.25L    | 91  |
| 92 SEDIMENTATION RATE            |         |         |         |         | 5.00L    | 6.00L    | 6.00L    | 6.00L    | 92  |
| 93 BLOOD SUGAR                   |         |         |         |         | 10.00    | 10.00    | 8.50     | 9.00     | 93  |
| 94 BUN-UREA - NITROGEN           |         |         |         |         | 8.50L    | 8.00L    | 6.70L    | 7.00L    | 94  |
| 95 URIC ACID                     |         |         |         |         | 8.00L    | 8.00L    | 7.00L    | 8.50L    | 95  |
| 96 FECES-OCULT BLOOD-SCREENING   |         |         |         |         | 10.00    | 15.00    | 10.00    | 14.25    | 96  |
| 97 PAP TEST                      |         |         |         |         | 15.00    | 15.00    | 15.00    | 15.00    | 97  |
| 98 ROUTINE URINALYSIS            |         |         |         |         | 5.00L    | 6.00L    | 6.00L    | 6.00L    | 98  |
| 99 CHEMICAL URINALYSIS           |         |         |         |         | 5.00     | 6.00     | 5.00     | 5.00     | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |         |         |         |          |          |          |          | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |         |         |         |          |          |          |          | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |         |         |         |          |          |          |          | 102 |
| 103 KIDNEY TRANSPLANT            |         |         |         |         |          |          |          |          | 103 |
| 104 HOSPITAL BED - RENTAL        |         |         |         |         | 57.00L   | 57.00L   | 57.00L   | 57.00L   | 104 |
| 105 WALKER - RENTAL              |         |         |         |         | 30.00    | 30.00    | 30.00    | 30.00    | 105 |
| 106 WHEELCHAIR - RENTAL          |         |         |         |         | 32.00L   | 32.00L   | 32.00L   | 32.00L   | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         |         |         |         | 74.20    | 74.20    | 74.20    | 74.20    | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |         |         |         | 513.04L  | 513.04L  | 513.04L  | 513.04L  | 108 |
| 109 WALKER - PURCHASE            |         |         |         |         |          |          |          |          | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |         |         |         | 251.00L  | 251.00L  | 251.00L  | 251.00L  | 110 |



COLORADO

# COLORADO



One Locality - Statewide

1982 PREVAILING CHARGE SUMMARY DATA COLORADO MEDICAL SERVICE  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

COLORADO  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | SINGLE  | SINGLE   |    |
|----------------------------------|---------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         | 18.00*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 20.00   | 40.00    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |          | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 53.70*  | 62.60*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 8.00    | 6.00*    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 10.70*  | 13.40*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 12.50*  | 14.10*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 16.00   | 18.00*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 19.00   | 26.90*   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 35.70*  | 53.70*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 18.00*  | 18.00*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         | 21.50*   | 12 |
| 13 INTERMDIATE F/U HOME VISIT    | 21.50*  |          | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         | 21.50*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 12.50*  | 14.10*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 30.00*  | 40.00    | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         | 44.70*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 61.00   | 71.70*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 10.70*  | 14.10*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 17.40*  | 18.00*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   |         |          | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         | 32.20*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         | 15.00*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         | 26.90*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |          | 25 |
| 26 LIMITED CONSULTATION          | 26.90*  | 40.00    | 26 |
| 27 EXTENSIVE CONSULTATION        |         | 44.70*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         | 75.10*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         | 53.70*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         | 32.70*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 9.00*   | 13.70*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |          | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         | 18.00    | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 26.90*  | 26.90*   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 10.00*  | 14.10*   | 35 |
| 36 SPIROMETRY                    |         | 35.70*   | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         | 45.00    | 37 |
| 38 CHEMOTHERAPY                  |         | 18.00    | 38 |
| 39 COLLECTION OF SPECIMENS       |         | 5.00     | 39 |
| 40 DEBRIDEMENT OF NAILS          |         | 17.00    | 40 |
| 41 SKIN BIOPSY                   |         | 25.00    | 41 |
| 42 CHEMOCAUTERY                  |         |          | 42 |
| 43 RADICAL MASTECTOMY            |         | 699.60*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         | 56.00    | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 22.50*  | 26.90*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         | 2021.30* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         | 1074.20* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         | 25.00    | 48 |
| 49 BRONCHOSCOPY                  |         | 161.10*  | 49 |
| 50 THORACENTESIS                 |         | 44.70*   | 50 |
| 51 CATHERIZATION OF HEART        |         | 450.00*  | 51 |
| 52 INSERTION OF PACEMAKER        |         | 741.10*  | 52 |
| 53 PARTIAL COLECTOMY             |         | 859.50*  | 53 |
| 54 APPENDECTOMY                  | 270.00* | 375.90*  | 54 |
| 55 SIGMOIDOSCOPY                 |         | 26.90*   | 55 |

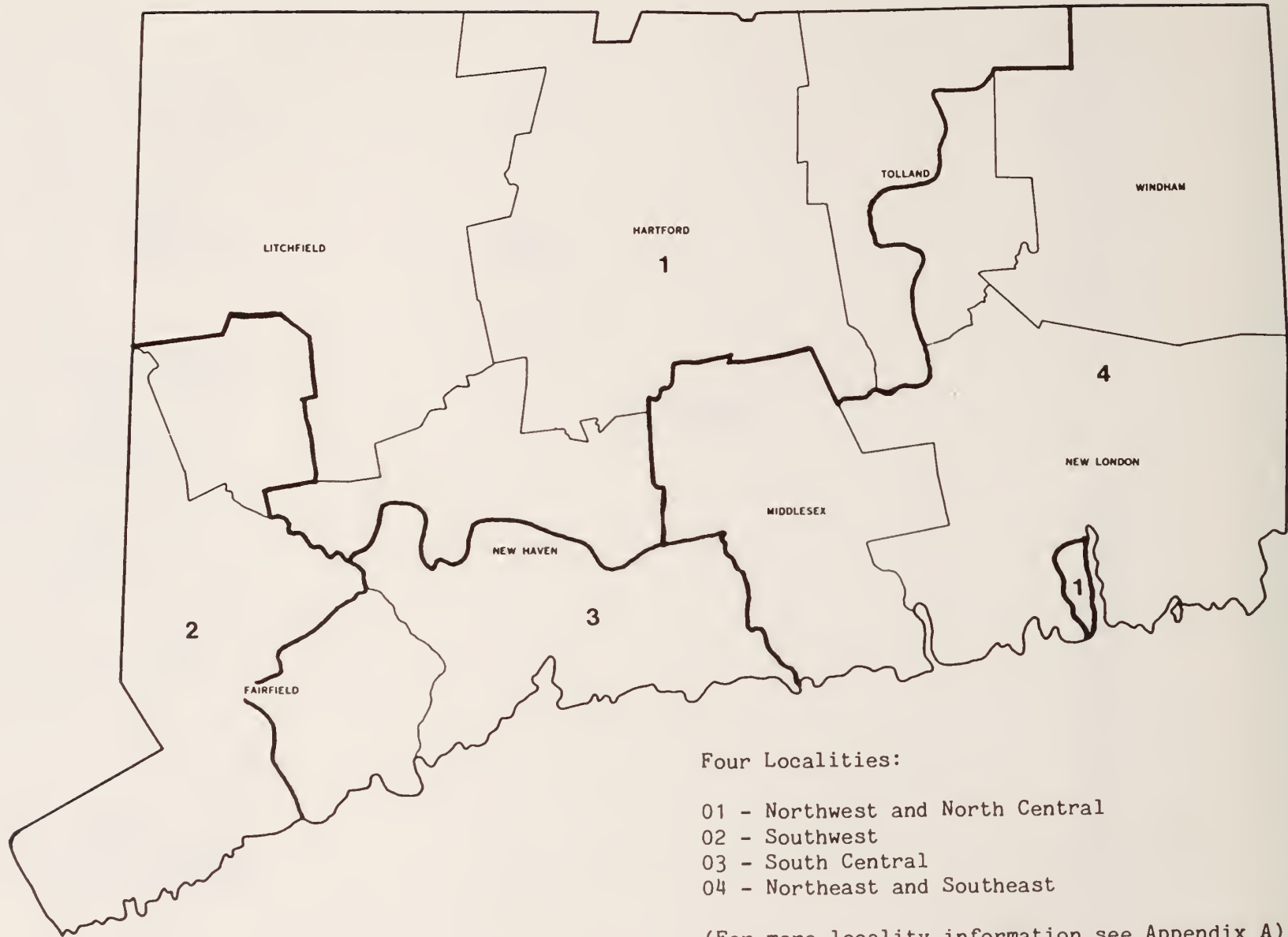
1982 PREVAILING CHARGE SUMMARY DATA COLORADO MEDICAL SERVICE  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

COLORADO  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | SINGLE  | SINGLE   |     |
|----------------------------------|---------|----------|-----|
| 56 HEMORRHOIDECTOMY              |         | 343.70*  | 56  |
| 57 CHOLECYSTECTOMY               |         | 751.90*  | 57  |
| 58 REPAIR HERNIA                 |         | 375.90*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 56.00*  | 64.50*   | 59  |
| 60 DILATION OF URETHRA           |         | 18.00*   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         | 805.60*  | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 716.20* | 805.60*  | 62  |
| 63 HYSTERECTOMY                  |         | 913.10*  | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         | 28.00    | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         | 32.00    | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         | 14.00    | 66  |
| 67 EXTRACTION OF LENS            |         | 751.90*  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 22.50*  | 18.00*   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 26.90*  | 26.90*   | 69  |
| 70 X-RAY SPINE                   |         | 35.70*   | 70  |
| 71 X-RAY HIP                     |         | 29.50    | 71  |
| 72 X-RAY UPPER GI TRACT          | 18.00*  | 18.00*   | 72  |
| 73 X-RAY COLON                   |         | 53.70*   | 73  |
| 74 RADIATION THERAPY-LOW VOLT    |         |          | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |         |          | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         |          | 76  |
| 77 CAT SCAN - HEAD               |         | 102.70*  | 77  |
| 78 CAT SCAN - ABDOMEN            |         |          | 78  |
| 79 THREE CHEMISTRY TESTS         |         |          | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |          | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         | 12.50*   | 81  |
| 82 HEMOGLOBIN                    |         | 2.70L    | 82  |
| 83 AUTOMATED BLOOD COUNT         |         | 10.50    | 83  |
| 84 WHITE CELL COUNT              |         | 3.50L    | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         | 7.50L    | 85  |
| 86 CHOLESTEROL TEST              |         | 8.00L    | 86  |
| 87 FLOCCULATION TEST             |         | 6.25     | 87  |
| 88 HEMATOCRIT                    |         | 3.00L    | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         | 8.90*    | 89  |
| 90 POTASSIUM TEST - BLOOD        |         | 10.00    | 90  |
| 91 PROTHROMBIN TIME TEST         |         | 5.30*    | 91  |
| 92 SEDIMENTATION RATE            |         | 4.75L    | 92  |
| 93 BLOOD SUGAR                   |         | 7.00L    | 93  |
| 94 BUN-UREA - NITROGEN           |         | 7.25L    | 94  |
| 95 URIC ACID                     |         | 8.00L    | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |         | 3.70*    | 96  |
| 97 PAP TEST                      |         | 7.00L    | 97  |
| 98 ROUTINE URINALYSIS            |         | 5.00L    | 98  |
| 99 CHEMICAL URINALYSIS           |         |          | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         | 25.75    | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         | 27.90*   | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         | 1074.20* | 102 |
| 103 KIDNEY TRANSPLANT            |         |          | 103 |
| 104 HOSPITAL BED - RENTAL        |         | 40.00L   | 104 |
| 105 WALKER - RENTAL              |         | 16.50    | 105 |
| 106 WHEELCHAIR - RENTAL          |         | 25.00L   | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         | 86.00    | 107 |
| 108 HOSPITAL BED - PURCHASE      |         | 511.70   | 108 |
| 109 WALKER - PURCHASE            |         | 53.00    | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |          | 110 |

CONNECTICUT

# CONNECTICUT





1982 PREVAILING CHARGE SUMMARY DATA CONNECTICUT GENERAL LIFE INS.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CONNECTICUT  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | I      | II     | III    | IV     | I        | II       | III      | IV       |    |
|----------------------------------|--------|--------|--------|--------|----------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |        |        |        |        | 26.80*   | 35.00    | 26.80*   | 26.80*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 44.70* | 50.00  | 35.70* | 35.70* | 53.70*   | 53.70*   | 50.00    | 44.70*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |        |        |        |        |          |          |          |          | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 25.00  | 35.00  | 35.00  | 35.00  | 60.00    | 60.00    | 60.00    | 37.00    | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 9.00*  | 10.00  | 9.00*  | 5.00   | 9.00*    | 9.00*    | 9.00*    | 9.00*    | 5  |
| 6 BRIEF FDLLOWUP OFFICE VISIT    | 16.10* | 18.00* | 17.90* | 14.20* | 17.90*   | 21.50*   | 17.90*   | 17.90*   | 6  |
| 7 LIMITED FDLLOWUP OFFICE VISIT  | 20.00  | 20.00  | 15.00  | 20.00  | 20.00    | 25.00    | 25.00    | 20.00    | 7  |
| 8 INTERMEDIOATE F/U OFFICE VISIT | 23.00  | 19.10* | 30.00  | 16.20* | 25.00    | 35.00    | 25.00    | 20.00    | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 23.00  | 23.00  | 23.00  | 18.00  | 25.00    | 25.00    | 35.00    | 20.00    | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 35.00  | 35.00  | 35.00  | 35.00  | 40.00    | 45.00    | 55.00    | 33.00*   | 10 |
| 11 BRIEF FDLLOWUP HDME VISIT     | 21.50* | 26.80* | 21.50* | 21.50* | 26.80*   | 35.00    | 26.80*   | 21.50*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |        |        |        |        | 30.00    | 35.00    | 30.00    | 28.00    | 12 |
| 13 INTERMOIATE F/U HOME VISIT    |        |        |        |        |          |          |          |          | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |        |        |        |        |          |          |          |          | 14 |
| 15 BRIEF F/U NURSING HDME VISIT  | 17.90* | 21.50* | 17.90* | 17.90* | 20.00    | 26.80*   | 25.00    | 17.90*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 35.00  | 35.00  | 35.00  | 35.00  | 44.70*   | 62.60*   | 35.00    | 44.70*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |        |        |        |        | 60.00    | 62.60*   | 60.00    | 44.70*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 60.00  | 60.00  | 46.60* | 60.00  | 70.00    | 65.00    | 65.00    | 62.60*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 17.90* | 17.90* | 17.90* | 17.90* | 17.90*   | 26.80*   | 17.90*   | 17.90*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 19.00  | 26.80* | 20.00  | 19.00  | 20.00    | 26.80*   | 26.80*   | 25.00    | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   |        |        |        |        |          |          |          |          | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |        |        |        |        | 25.00    | 25.00    | 20.00    | 20.00    | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |        |        |        |        |          |          |          |          | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |        |        |        |        | 30.00    | 40.00    | 34.40*   | 28.00    | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |        |        |        |        |          |          |          |          | 25 |
| 26 LIMITED CONSULTATION          | 44.70* | 40.00  | 44.70* | 30.00  | 60.00    | 75.00    | 60.00    | 60.00    | 26 |
| 27 EXTENSIVE CONSULTATION        |        |        |        |        | 60.00    | 75.00    | 70.00    | 60.00    | 27 |
| 28 COMPREHENSIVE CONSULTATION    |        |        |        |        | 75.00    | 100.00   | 75.00    | 65.00    | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |        |        |        |        | 51.00*   | 62.60*   | 60.00    | 44.70*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |        |        |        |        | 25.60*   | 35.00    | 32.30*   | 26.40*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 14.40* | 17.40* | 16.50* | 14.60* |          |          |          |          | 31 |
| 32 INITIAL PHYSIOTHERAPY         |        |        |        |        | 17.00*   | 23.00    | 17.90*   | 14.20*   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |        |        |        |        |          |          |          |          | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 25.00  | 26.80* | 25.00  | 25.00  | 25.00    | 30.00    | 25.00    | 26.80*   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 10.00  | 10.70  | 20.00  | 8.00   | 8.00     | 8.00     | 5.00     | 8.00     | 35 |
| 36 SPIROMETRY                    |        |        |        |        | 20.00    | 14.00*   | 25.00    | 19.80*   | 36 |
| 37 ELECTROENCEPHALDGRAM (EEG)    |        |        |        |        | 85.00    | 56.40*   | 64.50*   | 85.00    | 37 |
| 38 CHEMOTHERAPY                  |        |        |        |        |          |          |          |          | 38 |
| 39 COLLECTION OF SPECIMENS       |        |        |        |        | 3.00     | 3.00     | 3.00     | 3.00     | 39 |
| 40 DEBRIOEMENT OF NAILS          |        |        |        |        | 25.00    | 25.00    | 35.00    | 25.00    | 40 |
| 41 SKIN BIOPSY                   |        |        |        |        | 35.00    | 50.00    | 35.00    | 35.00    | 41 |
| 42 CHEMDCAUTERY                  |        |        |        |        | 35.00    | 25.00    | 30.00    | 31.00*   | 42 |
| 43 RADICAL MASTECTOMY            |        |        |        |        | 626.40*  | 894.90*  | 960.00   | 626.50*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |        |        |        |        | 859.10*  | 894.90*  | 1073.90* | 859.10*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 20.00  | 15.00  | 25.00  | 20.00  | 22.00    | 25.00    | 25.00    | 25.00    | 45 |
| 46 CRONARY ARTERY BYPASS         |        |        |        |        | 4167.20* | 4151.20* | 4031.70* | 4123.50* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |        |        |        |        | 1029.10* | 1231.30* | 1250.00  | 1002.40* | 47 |
| 48 NEEOLE PUNCTURE OF BURSA      |        |        |        |        |          |          |          |          | 48 |
| 49 BRONCHOSCOPY                  |        |        |        |        | 200.00   | 268.50*  | 185.00   | 179.00*  | 49 |
| 50 THORACENTESIS                 |        |        |        |        | 53.70*   | 89.50*   | 44.70*   | 35.70*   | 50 |
| 51 CATHERIZATION OF HEART        |        |        |        |        | 525.00   | 525.00   | 525.00   | 517.90*  | 51 |
| 52 INSERTION OF PACEMAKER        |        |        |        |        | 1073.90* | 1200.00  | 1200.00  | 1200.00  | 52 |
| 53 PARTIAL COLECTOMY             |        |        |        |        | 1000.00  | 1342.40* | 1163.40* | 894.90*  | 53 |
| 54 APPENOECTOMY                  |        |        |        |        | 500.00   | 550.00   | 550.00   | 447.50*  | 54 |
| 55 SIGMOIDOSCOPY                 |        |        |        |        | 30.00    | 40.00    | 35.70*   | 30.00    | 55 |

1982 PREVAILING CHARGE SUMMARY DATA CONNECTICUT GENERAL LIFE INS.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CONNECTICUT  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | I      | II     | III   | IV     | I       | II       | III      | IV       |     |
|----------------------------------|--------|--------|-------|--------|---------|----------|----------|----------|-----|
| 56 HEMORRHOIOECTOMY              |        |        |       |        | 400.00  | 525.00   | 411.60*  | 313.20*  | 56  |
| 57 CHOLECYSTECTOMY               |        |        |       |        | 715.90* | 894.90*  | 805.50*  | 650.00   | 57  |
| 58 REPAIR HERNIA                 |        |        |       |        | 447.50* | 626.50*  | 536.90*  | 400.00   | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  |        |        |       |        | 89.50*  | 89.50*   | 80.00    | 71.50*   | 59  |
| 60 DILATION OF URETHRA           |        |        |       |        | 25.00   | 20.00    | 26.80*   | 20.00    | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |        |        |       |        | 859.10* | 1163.40* | 1025.00  | 805.50*  | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) |        |        |       |        | 859.10* | 1163.40* | 894.90*  | 894.90*  | 62  |
| 63 HYSTERECTOMY                  |        |        |       |        | 800.00  | 900.00   | 894.90*  | 805.50*  | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |        |        |       |        |         |          |          |          | 64  |
| 65 COMPREHENSIVE EYE EXAM        |        |        |       |        | 32.00   | 35.70*   | 32.00    | 32.00    | 65  |
| 66 EYE EXAM WITH TONOMETRY       |        |        |       |        | 25.00   | 25.00    | 25.00    | 20.00    | 66  |
| 67 EXTRACTION OF LENS            |        |        |       |        | 894.90* | 1250.00  | 894.90*  | 894.90*  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 20.00  | 20.00  | 20.00 | 17.90* | 23.30*  | 28.20*   | 17.90*   | 17.90*   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 33.00  | 35.70* | 28.00 | 26.80* | 34.00   | 35.70*   | 34.00    | 26.80*   | 69  |
| 70 X-RAY SPINE                   |        |        |       |        | 62.60*  | 74.40*   | 62.60*   | 53.70*   | 70  |
| 71 X-RAY HIP                     |        |        |       |        | 40.00   | 37.00    | 47.00    | 36.00    | 71  |
| 72 X-RAY UPPER GI TRACT          | 78.30* | 91.90* | 95.00 | 95.00  | 80.40*  | 94.80*   | 80.40*   | 80.40*   | 72  |
| 73 X-RAY COLON                   |        |        |       |        | 80.40*  | 89.50*   | 80.40*   | 80.00    | 73  |
| 74 RAOIATION THERAPY-LOW VOLT    |        |        |       |        | 21.50*  | 26.80*   | 26.80*   | 35.00    | 74  |
| 75 RAOIATION THERAPY-SUPER VOLT  |        |        |       |        | 21.50*  | 17.90*   | 21.30    | 23.50    | 75  |
| 76 RAOIATION THERAPY-MEGAVOLT    |        |        |       |        |         |          |          |          | 76  |
| 77 CAT SCAN - HEAD               |        |        |       |        |         |          |          |          | 77  |
| 78 CAT SCAN - ABOOMEN            |        |        |       |        |         |          |          |          | 78  |
| 79 THREE CHEMISTRY TESTS         |        |        |       |        |         |          |          |          | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |        |        |       |        |         |          |          |          | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |        |        |       |        | 11.00   | 15.00    | 11.00    | 11.00    | 81  |
| 82 HEMOGLOBIN                    |        |        |       |        | 2.65L   | 2.00L    | 2.00L    | 3.00L    | 82  |
| 83 AUTOMATED BLOOD COUNT         |        |        |       |        | 9.00L   | 11.00L   | 9.00L    | 9.50L    | 83  |
| 84 WHITE CELL COUNT              |        |        |       |        | 3.50L   | 6.00L    | 3.50L    | 3.00L    | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |        |        |       |        |         |          |          |          | 85  |
| 86 CHOLESTEROL TEST              |        |        |       |        | 6.00L   | 6.00L    | 6.00L    | 6.00L    | 86  |
| 87 FLOCCULATION TEST             |        |        |       |        | 6.00    | 7.00     | 7.00     | 6.00     | 87  |
| 88 HEMATOCRIT                    |        |        |       |        |         |          |          |          | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |        |        |       |        | 8.00    | 9.00     | 6.00     | 7.00     | 89  |
| 90 POTASSIUM TEST - BLOOD        |        |        |       |        | 7.50    | 6.00     | 8.00     | 7.50     | 90  |
| 91 PROTHROMBIN TIME TEST         |        |        |       |        | 6.50L   | 6.00L    | 6.00L    | 6.50L    | 91  |
| 92 SEDIMENTATION RATE            |        |        |       |        | 5.00L   | 5.00L    | 5.00L    | 5.00L    | 92  |
| 93 BLOOD SUGAR                   |        |        |       |        | 6.00L   | 5.00L    | 6.00L    | 6.00L    | 93  |
| 94 BUN-UREA - NITROGEN           |        |        |       |        | 7.00L   | 6.00L    | 6.00L    | 7.70L    | 94  |
| 95 URIC ACID                     |        |        |       |        | 7.00L   | 7.00L    | 6.00L    | 7.00L    | 95  |
| 96 FECES-OCULT BLOOD-SCREENING   |        |        |       |        | 3.00    | 5.00     | 3.30*    | 3.00     | 96  |
| 97 PAP TEST                      |        |        |       |        | 5.00L   | 5.00L    | 5.00L    | 5.80L    | 97  |
| 98 ROUTINE URINALYSIS            |        |        |       |        | 4.00L   | 5.00L    | 4.00L    | 4.00L    | 98  |
| 99 CHEMICAL URINALYSIS           |        |        |       |        | 3.70*   | 6.00     | 6.00     | 6.00     | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |        |        |       |        | 24.00   | 25.00    | 25.00    | 25.00    | 100 |
| 101 ELEC MONITORING-PACEMAKER    |        |        |       |        | 30.00   | 30.00    | 22.50*   | 30.00    | 101 |
| 102 OONOR NEPHRECTOMY-UNILATERAL |        |        |       |        | 966.50* | 1073.90* | 1002.40* | 1002.40* | 102 |
| 103 KIDNEY TRANSPLANT            |        |        |       |        |         |          |          |          | 103 |
| 104 HOSPITAL BED - RENTAL        |        |        |       |        | 60.00L  | 64.20L   | 69.88L   | 80.25    | 104 |
| 105 WALKER - RENTAL              |        |        |       |        |         |          |          |          | 105 |
| 106 WHEELCHAIR - RENTAL          |        |        |       |        | 23.00L  | 30.00L   | 20.00L   | 25.00L   | 106 |
| 107 LIQUID OXYGEN - RENTAL       |        |        |       |        |         |          |          |          | 107 |
| 108 HOSPITAL BED - PURCHASE      |        |        |       |        |         |          |          |          | 108 |
| 109 WALKER - PURCHASE            |        |        |       |        | 39.20   | 15.00    | 38.25*   | 45.00*   | 109 |
| 110 WHEELCHAIR - PURCHASE        |        |        |       |        |         |          |          |          | 110 |

DELAWARE

# DELAWARE



One Locality- Statewide

1982 PREVAILING CHARGE SUMMARY DATA PENNSYLVANIA B/S  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

DELAWARE  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | SINGLE | SINGLE  |    |
|----------------------------------|--------|---------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |        | 17.90   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 17.90  | 22.00   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |        | 22.00   | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 38.50  | 62.60   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  |        |         | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 12.50  | 17.90   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 17.90  | 22.00   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 17.90  | 22.00   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 17.90  | 22.00   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 38.50  | 62.60   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 17.90  | 25.00   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |        | 30.00   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 21.50  | 30.00   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |        | 25.00   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 12.50  | 17.90   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 35.80  | 44.80   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |        | 21.50   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 50.00  | 75.00   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 12.50  | 17.90   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 17.90  | 21.50   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 17.90  | 21.50   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |        | 28.60   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |        | 17.90   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |        | 22.00   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |        | 22.00   | 25 |
| 26 LIMITED CONSULTATION          | 35.00  | 44.80   | 26 |
| 27 EXTENSIVE CONSULTATION        |        | 44.80   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |        | 85.00   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |        | 46.50   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |        | 30.00   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |        | 15.00   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |        | 17.00   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |        | 17.00   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 26.90  | 26.90   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 11.70  | 11.70   | 35 |
| 36 SPIROMETRY                    |        | 31.30   | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |        | 91.70   | 37 |
| 38 CHEMOTHERAPY                  |        |         | 38 |
| 39 COLLECTION OF SPECIMENS       |        |         | 39 |
| 40 DEBRIDEMENT OF NAILS          |        | 30.00   | 40 |
| 41 SKIN BIOPSY                   |        |         | 41 |
| 42 CHEMOCAUTERY                  |        | 35.00   | 42 |
| 43 RADICAL MASTECTOMY            |        | 1074.00 | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |        | 1181.40 | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 26.90  | 44.80   | 45 |
| 46 CORONARY ARTERY BYPASS        |        |         | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |        | 1181.40 | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |        | 35.00   | 48 |
| 49 BRONCHOSCOPY                  |        | 358.50  | 49 |
| 50 THORACENTESIS                 |        | 71.60   | 50 |
| 51 CATHETERIZATION OF HEART      |        | 525.00  | 51 |
| 52 INSERTION OF PACEMAKER        |        | 1243.20 | 52 |
| 53 PARTIAL COLECTOMY             |        | 1342.50 | 53 |
| 54 APPENDECTOMY                  | 402.80 | 427.50  | 54 |
| 55 SIGMOIDOSCOPY                 |        | 44.80   | 55 |



1982 PREVAILING CHARGE SUMMARY DATA PENNSYLVANIA B/S  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

DELAWARE  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | SINGLE | SINGLE |     |
|----------------------------------|--------|--------|-----|
| 56 HEMORRHOIDECTOMY              |        | 419.00 | 56  |
| 57 CHOLECYSTECTOMY               |        | 402.80 | 57  |
| 58 REPAIR HERNIA                 |        | 402.80 | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 94.10  | 89.50  | 59  |
| 60 DILATION OF URETHRA           |        | 25.00  | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |        | 895.00 | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 827.50 | 895.00 | 62  |
| 63 HYSTERECTOMY                  |        | 780.10 | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |        | 26.70  | 64  |
| 65 COMPREHENSIVE EYE EXAM        |        | 28.00  | 65  |
| 66 EYE EXAM WITH TONOMETRY       |        |        | 66  |
| 67 EXTRACTION OF LENS            | 716.00 | 805.50 | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 19.60  | 25.00  | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 28.60  | 34.00  | 69  |
| 70 X-RAY SPINE                   |        | 38.00  | 70  |
| 71 X-RAY HIP                     |        | 34.00  | 71  |
| 72 X-RAY UPPER GI TRACT          | 24.00  | 85.00  | 72  |
| 73 X-RAY COLON                   |        | 62.00  | 73  |
| 74 RADIATION THERAPY-LOW VOLT    |        | 23.40  | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |        | 37.40  | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |        | 49.00  | 76  |
| 77 CAT SCAN - HEAD               |        | 100.00 | 77  |
| 78 CAT SCAN - ABDOMEN            |        |        | 78  |
| 79 THREE CHEMISTRY TESTS         |        |        | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |        | 25.00  | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |        | 22.00  | 81  |
| 82 HEMOGLOBIN                    |        | 3.50   | 82  |
| 83 AUTOMATED BLOOD COUNT         |        | 8.00   | 83  |
| 84 WHITE CELL COUNT              |        | 6.00   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |        | 11.00  | 85  |
| 86 CHOLESTEROL TEST              |        | 7.50   | 86  |
| 87 FLOCCULATION TEST             |        | 5.00   | 87  |
| 88 HEMATOCRIT                    |        | 4.00   | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |        | 8.00   | 89  |
| 90 POTASSIUM TEST - BLOOD        |        | 6.50   | 90  |
| 91 PROTHROMBIN TIME TEST         |        | 6.75   | 91  |
| 92 SEDIMENTATION RATE            |        | 5.00   | 92  |
| 93 BLOOD SUGAR                   |        | 6.00   | 93  |
| 94 BUN-UREA - NITROGEN           |        | 6.00   | 94  |
| 95 URIC ACID                     |        | 7.50   | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |        | 4.00   | 96  |
| 97 PAP TEST                      |        | 8.00   | 97  |
| 98 ROUTINE URINALYSIS            |        | 4.00   | 98  |
| 99 CHEMICAL URINALYSIS           |        |        | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |        | 15.50  | 100 |
| 101 ELEC MONITORING-PACEMAKER    |        |        | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |        | 895.00 | 102 |
| 103 KIDNEY TRANSPLANT            |        |        | 103 |
| 104 HOSPITAL BED - RENTAL        |        | 45.00  | 104 |
| 105 WALKER - RENTAL              |        | 12.00  | 105 |
| 106 WHEELCHAIR - RENTAL          |        | 30.00  | 106 |
| 107 LIQUID OXYGEN - RENTAL       |        | 65.00  | 107 |
| 108 HOSPITAL BED - PURCHASE      |        | 710.00 | 108 |
| 109 WALKER - PURCHASE            |        | 42.00  | 109 |
| 110 WHEELCHAIR - PURCHASE        |        | 325.00 | 110 |

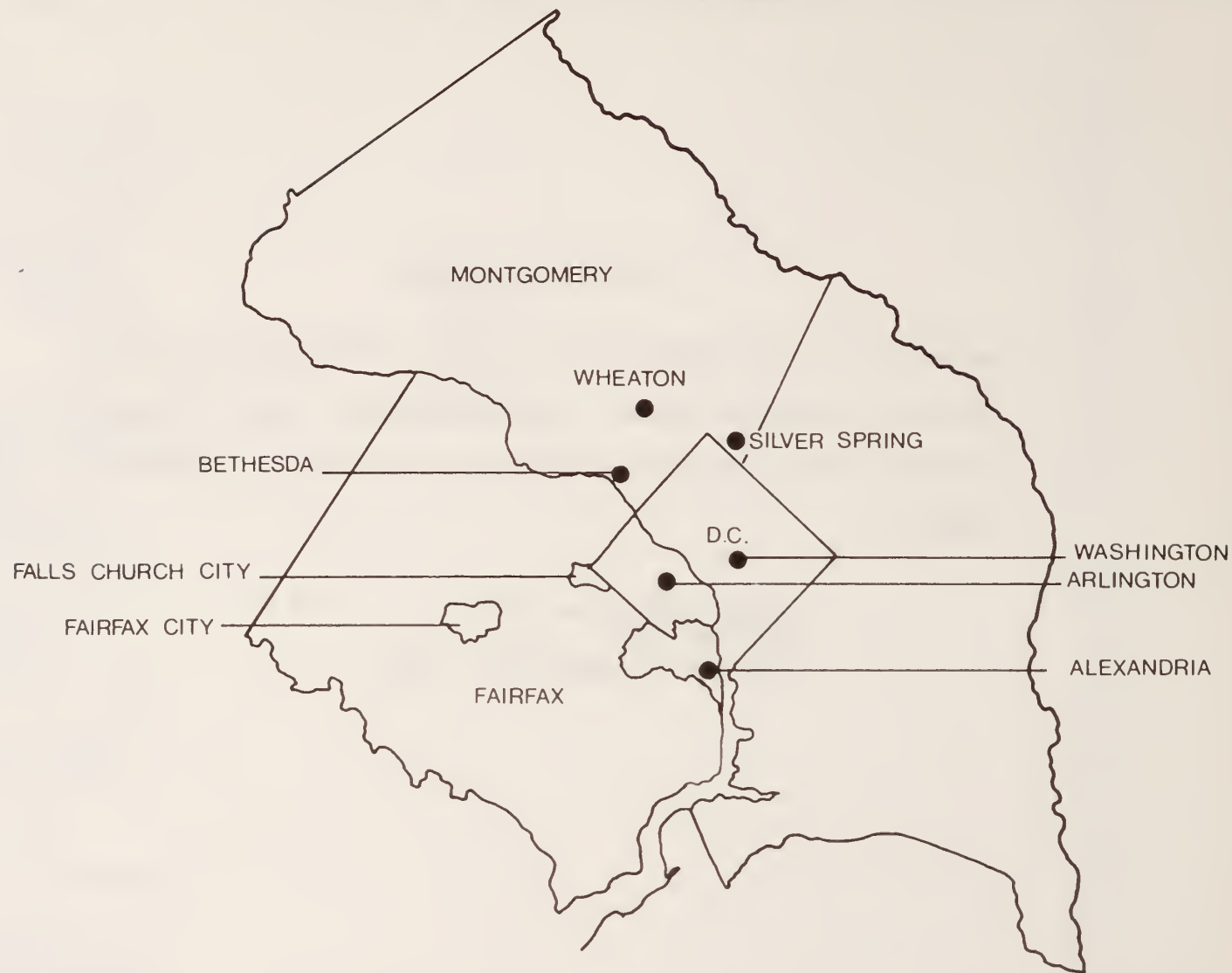


District of Columbia

Because of carrier computer difficulties at the time of printing,  
no data is available for D.C. in the directory. Those interested  
in Medicare data for these procedures for the District can write  
direct to:

Pennsylvania Blue Shield  
P.O. Box 100  
Camp Hill, Pennsylvania 17011

## DISTRICT OF COLUMBIA



One Locality:

Washington Metropolitan Area, includes Washington, D.C.:  
Prince Georges and Montgomery Counties in Maryland;  
Fairfax and Arlington Counties in Virginia and the city  
of Alexandria Virginia

FLORIDA



## 1982 PREVAILING CHARGE SUMMARY DATA B/S OF FLORIDA

| PROCEDURE DESCRIPTION            | FLORIDA<br>COMBINED LOCALITY DESIGNATION |          |          |    |
|----------------------------------|--|----------|----------|----|
|                                  | AREA A                                   | AREA B   | AREA C   |    |
| 1 INITIAL BRIEF OFFICE VISIT     | 20.00                                    | 25.00    | 25.00    | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 20.00                                    | 28.00    | 30.00    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  | 25.00                                    | 30.00    | 35.00    | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 50.00                                    | 60.00    | 50.00    | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 8.00                                     | 10.00    | 10.00    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 15.00                                    | 17.80*   | 17.80*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 17.00                                    | 17.80*   |          | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 19.00                                    | 20.00    | 25.00    | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 20.00                                    | 25.00    | 30.00    | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 30.00                                    | 50.00    | 45.00    | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 25.00                                    | 26.90*   | 35.00    | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   | 25.00                                    | 25.00    | 35.00    | 12 |
| 13 INTERMDIATE F/U HOME VISIT    | 25.00                                    | 25.00    | 35.00    | 13 |
| 14 EXTENDED CARE FACILITY VISIT  | 20.00                                    | 20.00    | 25.00    | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 15.50*                                   | 17.80*   | 17.80*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 50.00                                    | 50.00    | 70.00    | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  | 50.00                                    | 55.00    | 75.00    | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 55.00                                    | 75.00    | 75.00    | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 17.50                                    | 21.50*   | 25.00    | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 19.75*                                   | 21.50*   | 30.00    | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 25.00                                    | 25.00    | 30.00    | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   | 25.00                                    | 30.00    | 35.00    | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    | 20.00                                    | 20.00    | 25.00    | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  | 23.60                                    | 25.00    | 25.00    | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT | 27.00                                    | 30.00    | 30.00    | 25 |
| 26 LIMITED CONSULTATION          | 34.90*                                   | 41.10*   | 48.40*   | 26 |
| 27 EXTENSIVE CONSULTATION        | 54.60*                                   | 60.00    | 75.00    | 27 |
| 28 COMPREHENSIVE CONSULTATION    | 70.00                                    | 75.00    | 90.00    | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        | 62.70*                                   | 60.00    | 71.60*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       | 34.20*                                   | 40.00    | 47.40*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 15.00                                    | 15.00    | 16.60*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         | 14.40                                    | 14.40    | 17.80    | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    | 17.00                                    | 17.80*   | 17.80*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 26.90*                                   | 25.00    | 32.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 14.00                                    | 15.00    | 15.00    | 35 |
| 36 SPIROMETRY                    | 45.00                                    | 40.00    | 50.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    | 89.50                                    | 85.00    | 89.60*   | 37 |
| 38 CHEMOTHERAPY                  |  |          |          | 38 |
| 39 COLLECTION OF SPECIMENS       | 3.00                                     | 3.00     | 3.00     | 39 |
| 40 DEBRIDEMENT OF NAILS          | 18.00                                    | 15.00    | 20.00    | 40 |
| 41 SKIN BIOPSY                   |  |          |          | 41 |
| 42 CHEMOCAUTERY                  | 5.00*                                    | 5.30*    | 5.90*    | 42 |
| 43 RADICAL MASTECTOMY            | 925.40*                                  | 957.40*  | 1025.80* | 43 |
| 44 OPEN REDUCTION OF FRACTURE    | 1234.00*                                 | 1276.50* | 1367.70* | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 25.10*                                   | 25.00    | 25.00    | 45 |
| 46 CORONARY ARTERY BYPASS        |  |          |          | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  | 2050.00                                  | 2250.00  | 2540.10* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      | 22.00*                                   | 22.80    | 24.30*   | 48 |
| 49 BRONCHOSCOPY                  | 225.00                                   | 223.70*  | 223.70*  | 49 |
| 50 THORACENTESIS                 | 61.60*                                   | 59.10*   | 68.40*   | 50 |
| 51 CATHERIZATION OF HEART        | 600.00                                   | 600.00   | 600.00   | 51 |
| 52 INSERTION OF PACEMAKER        | 1342.50                                  | 1342.50* | 1350.00  | 52 |
| 53 PARTIAL COLECTOMY             | 895.00*                                  | 984.50*  | 1172.30* | 53 |
| 54 APPENDECTOMY                  |  |          |          | 54 |
| 55 SIGMOIDOSCOPY                 | 95.80*                                   | 100.00   | 100.00   | 55 |



| PROCEDURE DESCRIPTION            | AREA A   | AREA B   | AREA C   |     |
|----------------------------------|----------|----------|----------|-----|
| 56 HEMORRHOIDECTOMY              | 447.50*  | 500.00   | 537.00*  | 56  |
| 57 CHOLECYSTECTOMY               | 716.00*  | 769.60*  | 895.00*  | 57  |
| 58 REPAIR HERNIA                 | 402.70*  | 447.50*  | 537.00*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 57.30*   | 60.00    | 63.50*   | 59  |
| 60 DILATION OF URETHRA           | 22.00    | 17.80*   | 26.00    | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    | 895.00*  | 984.50*  | 1123.50* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 895.00*  | 895.00*  | 1208.20* | 62  |
| 63 HYSTERECTOMY                  | 925.40*  | 950.00   | 1025.80* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     | 40.00    | 40.00    | 35.00    | 64  |
| 65 COMPREHENSIVE EYE EXAM        | 35.00    | 35.00    | 40.00    | 65  |
| 66 EYE EXAM WITH TONOMETRY       | 14.80*   | 17.40*   | 20.00    | 66  |
| 67 EXTRACTION OF LENS            |          |          |          | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 25.00    | 25.00    | 30.00    | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 32.20*   | 32.20*   | 35.00    | 69  |
| 70 X-RAY SPINE                   | 57.50    | 58.00    | 62.00    | 70  |
| 71 X-RAY HIP                     | 37.00    | 40.00    | 40.00    | 71  |
| 72 X-RAY UPPER GI TRACT          | 84.00*   | 79.00    | 88.00    | 72  |
| 73 X-RAY COLON                   | 72.50*   | 75.10*   | 79.20*   | 73  |
| 74 RAOIATION THERAPY-LOW VOLT    |          |          |          | 74  |
| 75 RAOIATION THERAPY-SUPER VOLT  |          |          |          | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |          |          |          | 76  |
| 77 CAT SCAN - HEAD               | 321.00   | 332.30*  | 300.00   | 77  |
| 78 CAT SCAN - ABOOMEN            | 364.40*  | 369.20*  | 375.00   | 78  |
| 79 THREE CHEMISTRY TESTS         | 10.50    | 10.50    | 10.50    | 79  |
| 80 NINETEEN CHEMISTRY TESTS      | 21.00    | 21.00    | 21.00    | 80  |
| 81 CULTURE - OTHER THAN BLOOD    | 18.00    | 18.00    | 18.00    | 81  |
| 82 HEMOGLOBIN                    | 3.00     | 3.00     | 3.00     | 82  |
| 83 AUTOMATED BLOOD COUNT         |          |          |          | 83  |
| 84 WHITE CELL COUNT              | 3.00     | 3.00     | 3.00     | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    | 5.00     | 12.00    | 12.00    | 85  |
| 86 CHOLESTEROL TEST              | 6.00     | 6.00     | 6.00     | 86  |
| 87 FLOCCULATION TEST             |          |          |          | 87  |
| 88 HEMATOCRIT                    | 3.00     | 3.00     | 3.00     | 88  |
| 89 PLATELET COUNT (REES-ECKER)   | 7.00     | 7.00     | 7.00     | 89  |
| 90 POTASSIUM TEST - BLOOD        | 6.30     | 6.30     | 6.30     | 90  |
| 91 PROTHROMBIN TIME TEST         | 5.00     | 5.00     | 5.00     | 91  |
| 92 SEDIMENTATION RATE            | 5.00     | 5.00     | 5.00     | 92  |
| 93 BLOOD SUGAR                   | 5.30     | 5.30     | 5.30     | 93  |
| 94 BUN-UREA - NITROGEN           | 6.30     | 6.30     | 6.30     | 94  |
| 95 URIC ACID                     | 6.30     | 6.30     | 6.30     | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  | 6.00     | 6.00     | 6.00     | 96  |
| 97 PAP TEST                      | 8.00     | 8.00     | 8.00     | 97  |
| 98 ROUTINE URINALYSIS            | 4.20     | 4.20     | 4.20     | 98  |
| 99 CHEMICAL URINALYSIS           | 5.00     | 5.00     | 5.00     | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  | 25.00    | 25.00    | 25.00    | 100 |
| 101 ELEC MONITORING-PACEMAKER    | 45.00    | 45.00    | 50.00    | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |          |          |          | 102 |
| 103 KIDNEY TRANSPLANT            | 2090.80* | 2090.80* | 2090.80* | 103 |
| 104 HOSPITAL BED - RENTAL        | 50.00L   | 50.00L   | 50.00L   | 104 |
| 105 WALKER - RENTAL              | 12.00    | 12.00    | 12.00    | 105 |
| 106 WHEELCHAIR - RENTAL          | 23.00L   | 23.00L   | 23.00L   | 106 |
| 107 LIQUID OXYGEN - RENTAL       | 65.00    | 65.00    | 65.00    | 107 |
| 108 HOSPITAL BED - PURCHASE      | 499.00L  | 499.00L  | 499.00L  | 108 |
| 109 WALKER - PURCHASE            | 42.00    | 42.00    | 42.00    | 109 |
| 110 WHEELCHAIR - PURCHASE        | 220.00L  | 220.00L  | 220.00L  | 110 |

## 1982 PREVAILING CHARGE SUMMARY DATA

GROUP HEALTH INCORPORATED  
(Refer questions on this  
data to Florida Blue Shield)

FLORIDA  
COMBINED LOCALITY DESIGNATION

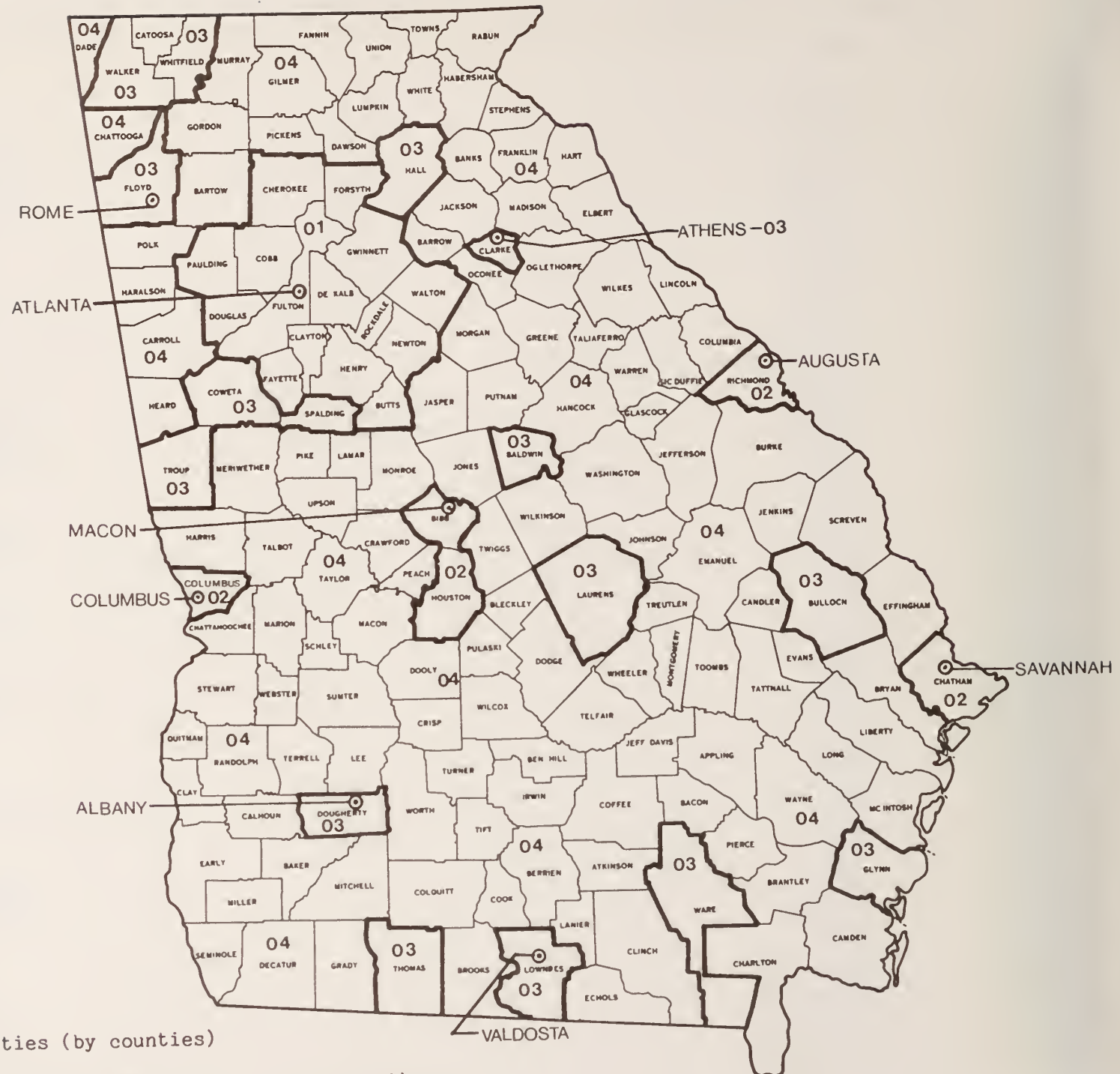
| PROCEDURE DESCRIPTION            | SINGLE   |    |
|----------------------------------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     | 40.00    | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 40.00    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  | 50.00    | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 53.80*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 11.80*   | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 21.50*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 21.50*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 30.00    | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 33.90*   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 40.00    | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 35.70*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   | 35.70*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 44.70*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  | 21.50    | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 21.50    | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 75.00    | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  | 75.70*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 89.70*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 35.00    | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 35.00    | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 40.00    | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   | 40.00    | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    | 30.00    | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  | 35.00    | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT | 35.00    | 25 |
| 26 LIMITED CONSULTATION          | 48.50*   | 26 |
| 27 EXTENSIVE CONSULTATION        | 75.70*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    | 103.02   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        | 103.02   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       | 42.50*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 20.00    | 31 |
| 32 INITIAL PHYSIOTHERAPY         | 18.00*   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    | 21.50*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 35.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 9.00     | 35 |
| 36 SPIROMETRY                    | 40.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    | 89.70*   | 37 |
| 38 CHEMOTHERAPY                  | 25.00    | 38 |
| 39 COLLECTION OF SPECIMENS       | 3.00*    | 39 |
| 40 DEBRIDEMENT OF NAILS          | 20.00    | 40 |
| 41 SKIN BIOPSY                   | 35.00    | 41 |
| 42 CHEMOCAUTERY                  | 6.25     | 42 |
| 43 RADICAL MASTECTOMY            | 1058.80* | 43 |
| 44 OPEN REDUCTION OF FRACTURE    | 1411.60* | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 27.87    | 45 |
| 46 CORONARY ARTERY BYPASS        | 3831.10* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  | 2621.40* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      | 25.00    | 48 |
| 49 BRONCHOSCOPY                  | 223.70*  | 49 |
| 50 THORACENTESIS                 | 73.30*   | 50 |
| 51 CATHETERIZATION OF HEART      | 740.00   | 51 |
| 52 INSERTION OF PACEMAKER        | 1789.70* | 52 |
| 53 PARTIAL COLECTOMY             | 1210.00* | 53 |
| 54 APPENDECTOMY                  | 584.70*  | 54 |
| 55 SIGMOIDOSCOPY                 | 44.70*   | 55 |

| PROCEDURE DESCRIPTION            | SINGLE   |     |
|----------------------------------|----------|-----|
| 56 HEMORRHOIDECTOMY              | 537.00*  | 56  |
| 57 CHOLECYSTECTOMY               | 1074.00* | 57  |
| 58 REPAIR HERNIA                 | 537.00*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 65.50*   | 59  |
| 60 DILATION OF URETHRA           | 26.80*   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    | 1159.50  | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 1208.10* | 62  |
| 63 HYSTERECTOMY                  | 1058.80* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     | 50.00    | 64  |
| 65 COMPREHENSIVE EYE EXAM        | 45.00    | 65  |
| 66 EYE EXAM WITH TONOMETRY       | 20.50*   | 66  |
| 67 EXTRACTION OF LENS            | 984.40*  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 30.00    | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 35.00    | 69  |
| 70 X-RAY SPINE                   | 53.80*   | 70  |
| 71 X-RAY HIP                     | 35.70*   | 71  |
| 72 X-RAY UPPER GI TRACT          | 80.40*   | 72  |
| 73 X-RAY COLON                   | 80.40*   | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 20.00    | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  | 20.00    | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    | 20.00    | 76  |
| 77 CAT SCAN - HEAD               | 350.00   | 77  |
| 78 CAT SCAN - ABDOMEN            | 375.00   | 78  |
| 79 THREE CHEMISTRY TESTS         | 11.30    | 79  |
| 80 NINETEEN CHEMISTRY TESTS      | 22.60    | 80  |
| 81 CULTURE - OTHER THAN BLOOD    | 20.00    | 81  |
| 82 HEMOGLOBIN                    | 4.00L    | 82  |
| 83 AUTOMATED BLOOD COUNT         | 8.25L    | 83  |
| 84 WHITE CELL COUNT              | 4.00L    | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    | 8.25L    | 85  |
| 86 CHOLESTEROL TEST              | 6.30L    | 86  |
| 87 FLOCCULATION TEST             | 10.00    | 87  |
| 88 HEMATOCRIT                    | 4.00L    | 88  |
| 89 PLATELET COUNT (REES-ECKER)   | 6.50     | 89  |
| 90 POTASSIUM TEST - BLOOD        | 9.00     | 90  |
| 91 PROTHROMBIN TIME TEST         | 6.00L    | 91  |
| 92 SEDIMENTATION RATE            | 5.00L    | 92  |
| 93 BLOOD SUGAR                   | 6.30L    | 93  |
| 94 BUN-UREA - NITROGEN           | 6.30L    | 94  |
| 95 URIC ACID                     | 6.30L    | 95  |
| 96 FECES-OCULT BLOOD-SCREENING   | 8.00     | 96  |
| 97 PAP TEST                      | 9.00L    | 97  |
| 98 ROUTINE URINALYSIS            | 5.00L    | 98  |
| 99 CHEMICAL URINALYSIS           | 3.00     | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  | 32.00    | 100 |
| 101 ELEC MONITORING-PACEMAKER    | 30.00    | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL | 1159.50* | 102 |
| 103 KIDNEY TRANSPLANT            | 2387.32  | 103 |
| 104 HOSPITAL BED - RENTAL        | 55.00L   | 104 |
| 105 WALKER - RENTAL              | 12.00    | 105 |
| 106 WHEELCHAIR - RENTAL          | 25.00L   | 106 |
| 107 LIQUID OXYGEN - RENTAL       | 33.50    | 107 |
| 108 HOSPITAL BED - PURCHASE      | 600.00L  | 108 |
| 109 WALKER - PURCHASE            | 42.00    | 109 |
| 110 WHEELCHAIR - PURCHASE        | 220.00L  | 110 |

GEORGIA



# GEORGIA



Four Localities (by counties)

(For more locality information see Appendix A)



1982 PREVAILING CHARGE SUMMARY DATA PRUENTIAL INSURANCE COMPANY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

GEORGIA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 01     | 02     | 03     | 04     | 01       | 02       | 03      | 04       |    |
|----------------------------------|--------|--------|--------|--------|----------|----------|---------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |        |        |        |        | 40.00    | 33.40*   | 28.60*  | 25.00    | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 25.00  | 25.00  | 26.90* | 20.00  | 40.00    | 33.40*   | 28.60*  | 25.00    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |        |        |        |        | 40.00    | 33.40*   | 28.60*  | 25.00    | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 50.00  | 74.60  | 37.50  | 30.00  | 87.00    | 62.70*   | 71.60*  | 80.00    | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 12.00  | 15.00  | 15.00  | 12.00  | 15.80*   | 15.80*   | 15.00   | 11.00    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 12.00  | 15.00  | 15.00  | 12.00  | 15.80*   | 15.80*   | 15.00   | 11.00    | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 12.50* | 12.50* | 12.50* | 9.00*  | 17.90*   | 17.90*   | 15.00*  | 12.50*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 12.50* | 12.50* | 12.50* | 9.00*  | 17.90*   | 17.90*   | 15.00*  | 12.50*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 13.20* | 22.00  | 13.20* | 15.00* | 24.30*   | 24.30*   | 24.30*  | 20.00    | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 50.00  | 30.00  | 40.00  | 35.00  | 72.40*   | 52.60*   | 52.60*  | 35.00    | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 19.30* | 17.90* | 21.50* | 17.90* | 21.50*   | 21.50*   | 21.50*  | 20.00    | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |        |        |        |        | 21.50*   | 21.50*   | 21.50*  | 20.00    | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 19.30* | 17.90* | 21.50* | 17.90* | 21.50*   | 21.50*   | 21.50*  | 20.00    | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |        |        |        |        | 17.90*   | 17.90*   | 15.00*  | 12.50*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 12.50* | 12.50* | 12.50* | 9.00*  | 17.90*   | 17.90*   | 15.00*  | 12.50*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 60.00  | 44.80* | 44.80* | 35.80* | 75.00    | 62.70*   | 44.80*  | 44.80*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |        |        |        |        | 75.00    | 62.70*   | 44.80*  | 44.80*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 71.60* | 71.60* | 60.00  | 50.00  | 87.00    | 80.60*   | 71.60*  | 62.70*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 17.90* | 17.90* | 14.30* | 14.30* | 17.90*   | 17.90*   | 17.90*  | 17.20*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 17.90* | 17.90* | 14.30* | 14.30* | 17.90*   | 17.90*   | 17.90*  | 17.20*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 17.90* | 17.90* | 14.30* | 14.30* | 17.90*   | 17.90*   | 17.90*  | 17.20*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |        |        |        |        | 35.00    | 30.00    | 26.90*  | 35.00    | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |        |        |        |        | 26.90*   | 26.90*   | 17.90*  | 20.00    | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |        |        |        |        | 26.90*   | 26.90*   | 17.90*  | 20.00    | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |        |        |        |        | 26.90*   | 26.90*   | 17.90*  | 20.00    | 25 |
| 26 LIMITED CONSULTATION          | 25.00  | 40.30* | 35.00  | 25.00* | 41.80*   | 41.80*   | 41.80*  | 40.00    | 26 |
| 27 EXTENSIVE CONSULTATION        |        |        |        |        | 71.60*   | 62.70*   | 53.70*  | 50.00    | 27 |
| 28 COMPREHENSIVE CONSULTATION    |        |        |        |        | 90.00    | 70.40*   | 63.80*  | 61.50*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |        |        |        |        | 70.00    | 60.00    | 65.00   | 75.00    | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |        |        |        |        | 42.50*   | 35.00    | 35.00   | 40.00    | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 9.70   | 10.20  |        | 10.60  | 13.40*   | 13.00*   | 12.00   | 12.00    | 31 |
| 32 INITIAL PHYSIOTHERAPY         |        |        |        |        | 16.10*   | 16.10*   | 16.10*  | 15.00    | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |        |        |        |        | 17.90*   | 18.00    | 14.30*  | 16.00    | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 25.00  | 26.90* | 25.00  | 25.00  | 25.00    | 25.00    | 25.00   | 25.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 10.00  | 8.00   | 10.70* | 8.50   | 7.00     | 8.00     | 8.00    | 8.00     | 35 |
| 36 SPIROMETRY                    |        |        |        |        | 26.90*   | 26.90*   | 20.00   | 26.90*   | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |        |        |        |        | 71.60*   | 70.00    | 70.00   | 70.00    | 37 |
| 38 CHEMOTHERAPY                  |        |        |        |        | 21.00    | 20.50*   | 22.00   | 23.50    | 38 |
| 39 COLLECTION OF SPECIMENS       |        |        |        |        | 6.50     | 6.00     | 3.00    | 3.00     | 39 |
| 40 DEBRIDEMENT OF NAILS          |        |        |        |        | 25.00    | 25.00    | 17.90   | 25.00    | 40 |
| 41 SKIN BIOPSY                   |        |        |        |        | 26.90*   | 26.90*   | 26.90*  | 26.90*   | 41 |
| 42 CHEMOCAUTERY                  |        |        |        |        | 19.50*   | 17.90*   | 19.50*  | 17.90*   | 42 |
| 43 RADICAL MASTECTOMY            |        |        |        |        | 920.00   | 840.30*  | 824.70* | 842.40*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |        |        |        |        | 1090.10* | 1048.10* | 858.40* | 1050.00  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 26.90* | 26.90* | 26.90* | 26.90* | 22.50    | 24.00    | 26.90*  | 24.00    | 45 |
| 46 CORONARY ARTERY BYPASS        |        |        |        |        | 3460.90* | 3040.00  | 3040.00 | 3040.00  | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |        |        |        |        | 2024.50* | 2148.00* | 2080.00 | 2148.00* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |        |        |        |        | 25.00    | 17.90*   | 17.90*  | 15.00    | 48 |
| 49 BRONCHOSCOPY                  |        |        |        |        | 243.40   | 161.10*  | 161.10* | 161.10*  | 49 |
| 50 THORACENTESIS                 |        |        |        |        | 75.00    | 44.80    | 44.80   | 44.80    | 50 |
| 51 CATHETERIZATION OF HEART      |        |        |        |        | 588.50*  | 588.50*  | 588.50* | 588.50*  | 51 |
| 52 INSERTION OF PACEMAKER        |        |        |        |        | 950.00   | 950.00   | 950.00  | 895.00*  | 52 |
| 53 PARTIAL COLECTOMY             |        |        |        |        | 970.60*  | 928.50*  | 925.80* | 859.20*  | 53 |
| 54 APPENDECTOMY                  | 500.00 | 500.00 | 500.00 | 500.00 | 500.00   | 500.00   | 500.00  | 500.00   | 54 |
| 55 SIGMOIDOSCOPY                 |        |        |        |        | 40.00    | 35.80*   | 35.80*  | 26.90*   | 55 |

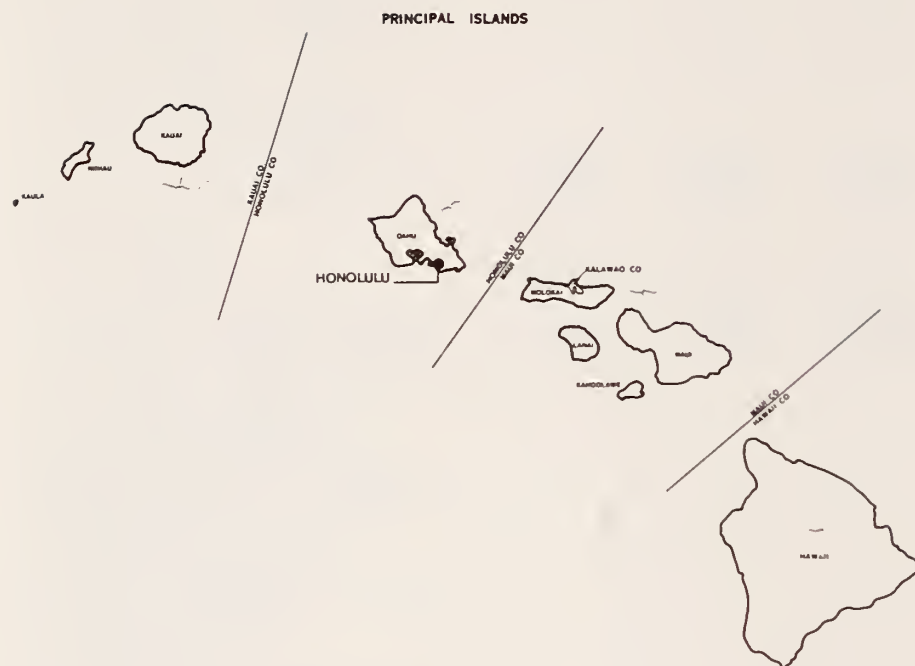
1982 PREVAILING CHARGE SUMMARY DATA PRUDENTIAL INSURANCE COMPANY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

GEORGIA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 01      | 02      | 03      | 04      | 01      | 02      | 03      | 04      |     |
|----------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|-----|
| 56 HEMORRHOIDECTOMY              |         |         |         |         | 438.60* | 438.60* | 400.00  | 438.60* | 56  |
| 57 CHOLECYSTECTOMY               |         |         |         |         | 716.00* | 710.00* | 682.00  | 537.00* | 57  |
| 58 REPAIR HERNIA                 |         |         |         |         | 471.30* | 402.80* | 429.60* | 429.60* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 75.00   | 76.00   | 53.70*  | 53.70*  | 44.80*  | 53.70*  | 53.70*  | 53.70*  | 59  |
| 60 DILATION OF URETHRA           |         |         |         |         | 15.00   | 17.90*  | 17.90*  | 17.90*  | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         |         |         |         | 950.00  | 895.00* | 882.50* | 805.50  | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 895.00* | 895.00* | 895.00* | 895.00* | 895.00* | 915.00  | 800.00  | 671.30* | 62  |
| 63 HYSTERECTOMY                  |         |         |         |         | 805.50* | 845.50  | 805.50* | 805.50* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |         |         |         | 31.30*  | 26.90*  | 26.90*  | 26.40   | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |         |         |         | 31.30*  | 26.90*  | 26.90*  | 26.40   | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |         |         |         | 19.90*  | 13.40*  | 11.50*  | 14.30   | 66  |
| 67 EXTRACTION OF LENS            | 778.70* | 880.00  | 778.70* | 880.00  | 900.00  | 879.20* | 716.00* | 716.00* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 21.50*  | 24.00   | 23.30*  | 22.00   | 28.00   | 26.00   | 21.50*  | 22.40   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 32.00   | 30.00   | 26.90*  | 26.90*  | 30.40*  | 33.60*  | 26.90*  | 33.00   | 69  |
| 70 X-RAY SPINE                   |         |         |         |         | 50.00   | 65.00   | 62.20   | 65.00   | 70  |
| 71 X-RAY HIP                     |         |         |         |         | 30.00   | 38.00   | 30.40*  | 38.00   | 71  |
| 72 X-RAY UPPER GI TRACT          | 64.40   | 62.70*  | 62.70*  | 60.00   | 62.70*  | 78.30*  | 62.70   | 60.00   | 72  |
| 73 X-RAY COLON                   |         |         |         |         | 72.00   | 67.10*  | 66.10   | 66.20*  | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 28.00   | 28.00   | 10.00   | 28.00   | 28.00   | 28.00   | 10.00   | 28.00   | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  | 22.80   | 22.80   | 23.70   | 22.80   | 50.00   | 50.00   | 40.00   | 50.00   | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         |         |         |         | 45.00   | 63.70*  | 63.70*  | 63.70*  | 76  |
| 77 CAT SCAN - HEAD               |         |         |         |         | 250.00  | 290.00  | 265.00  | 265.00  | 77  |
| 78 CAT SCAN - ABDOMEN            |         |         |         |         | 275.00  | 275.00  | 275.00  | 275.00  | 78  |
| 79 THREE CHEMISTRY TESTS         |         |         |         |         | 20.00   | 20.00   | 20.00   | 20.00   | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |         |         |         | 27.00   | 27.00   | 27.00   | 27.00   | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         |         |         |         | 15.00   | 15.00   | 15.00   | 15.00   | 81  |
| 82 HEMOGLOBIN                    |         |         |         |         | 3.00    | 3.00    | 3.00    | 3.00    | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |         |         |         | 8.00L   | 8.00L   | 8.00L   | 8.00L   | 83  |
| 84 WHITE CELL COUNT              |         |         |         |         | 4.00L   | 4.00L   | 4.00L   | 4.00L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |         |         |         | 8.00L   | 8.00L   | 8.00L   | 8.00L   | 85  |
| 86 CHOLESTEROL TEST              |         |         |         |         | 6.00    | 6.00    | 6.00    | 6.00    | 86  |
| 87 FLOCCULATION TEST             |         |         |         |         | 7.00    | 7.00    | 7.00    | 7.00    | 87  |
| 88 HEMATOCRIT                    |         |         |         |         | 3.00L   | 3.00L   | 3.00L   | 3.00L   | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |         |         |         | 8.00    | 8.00    | 8.00    | 8.00    | 89  |
| 90 POTASSIUM TEST - BLOOD        |         |         |         |         | 10.00   | 10.00   | 10.00   | 10.00   | 90  |
| 91 PROTHROMBIN TIME TEST         |         |         |         |         | 6.00L   | 6.00L   | 6.00L   | 6.00L   | 91  |
| 92 SEDIMENTATION RATE            |         |         |         |         | 5.00L   | 5.00L   | 5.00L   | 5.00L   | 92  |
| 93 BLOOD SUGAR                   |         |         |         |         | 6.00L   | 6.00L   | 6.00L   | 6.00L   | 93  |
| 94 BUN-UREA - NITROGEN           |         |         |         |         | 6.00L   | 6.00L   | 6.00L   | 6.00L   | 94  |
| 95 URIC ACID                     |         |         |         |         | 7.00L   | 7.00L   | 7.00L   | 7.00L   | 95  |
| 96 FECES-OCULT BLOOD-SCREENING   |         |         |         |         | 5.00    | 5.00    | 5.00    | 5.00    | 96  |
| 97 PAP TEST                      |         |         |         |         | 4.00L   | 4.00L   | 4.00L   | 4.00L   | 97  |
| 98 ROUTINE URINALYSIS            |         |         |         |         | 4.00L   | 4.00L   | 4.00L   | 4.00L   | 98  |
| 99 CHEMICAL URINALYSIS           |         |         |         |         | 4.00L   | 4.00L   | 4.00L   | 4.00L   | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |         |         |         |         |         |         |         | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |         |         |         | 33.00   | 20.00   | 30.00   | 33.00   | 101 |
| 102 OONOR NEPHRECTOMY-UNILATERAL |         |         |         |         |         |         |         |         | 102 |
| 103 KIDNEY TRANSPLANT            |         |         |         |         | 1800.00 | 1734.70 | 1734.70 | 1734.70 | 103 |
| 104 HOSPITAL BED - RENTAL        |         |         |         |         | 41.50L  | 41.50L  | 41.50L  | 41.50L  | 104 |
| 105 WALKER - RENTAL              |         |         |         |         | 11.60   | 11.60   | 11.60   | 11.60   | 105 |
| 106 WHEELCHAIR - RENTAL          |         |         |         |         | 20.80   | 20.80   | 20.80   | 20.80   | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         |         |         |         | 65.50   | 65.50   | 65.50   | 65.50   | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |         |         |         | 41.60L  | 41.60L  | 41.60L  | 41.60L  | 108 |
| 109 WALKER - PURCHASE            |         |         |         |         | 43.50   | 43.50   | 43.50   | 43.50   | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |         |         |         | 24.40   | 24.40   | 24.40   | 24.40   | 110 |

HAWAII

## HAWAII



## GUAM



(Hawaii and Guam are combined  
into a single Locality)

1982 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

HAWAII  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | O1      | O1       |    |
|----------------------------------|---------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         | 21.50*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 32.80*  | 45.20*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         | 58.50*   | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 62.60*  | 71.50*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 9.00*   | 10.80*   | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 12.60*  | 14.30*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 18.80*  | 21.50*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 24.00*  | 27.00*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 34.30*  | 40.60*   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 54.60   | 59.60*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 26.70*  | 25.00*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         | 40.30*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 35.80*  |          | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         | 14.30*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 10.80*  |          | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 35.80*  | 43.70*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         | 71.50*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 75.20*  | 89.60*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 13.40*  | 18.00    | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 26.40*  | 28.60*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 32.30*  | 40.10*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         | 48.00*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         | 35.40*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         | 38.20*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         | 88.90*   | 25 |
| 26 LIMITED CONSULTATION          | 49.10*  | 55.30*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         | 83.20*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         | 100.30*  | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         | 72.30*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         | 39.70*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |         | 13.30*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         | 23.60*   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         | 12.60*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 32.25*  | 35.80*   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 17.40*  | 10.80*   | 35 |
| 36 SPIROMETRY                    |         |          | 36 |
| 37 ELECTROENCEPHALOGRAPH (EEG)   |         | 81.50*   | 37 |
| 38 CHEMOTHERAPY                  |         | 26.20*   | 38 |
| 39 COLLECTION OF SPECIMENS       |         | 6.60*    | 39 |
| 40 DEBRIDEMENT OF NAILS          |         | 20.00    | 40 |
| 41 SKIN BIOPSY                   |         | 46.60*   | 41 |
| 42 CHEMOCAUTERY                  |         | 31.20    | 42 |
| 43 RADICAL MASTECTOMY            |         |          | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |          | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 42.90*  | 42.90*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         |          | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         | 2297.10* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         | 25.00    | 48 |
| 49 BRONCHOSCOPY                  |         | 198.60*  | 49 |
| 50 THORACENTESIS                 |         | 37.70*   | 50 |
| 51 CATHETERIZATION OF HEART      |         | 670.00*  | 51 |
| 52 INSERTION OF PACEMAKER        |         |          | 52 |
| 53 PARTIAL COLECTOMY             |         | 1145.40* | 53 |
| 54 APPENDECTOMY                  | 501.20* | 572.70*  | 54 |
| 55 SIGMOIDOSCOPY                 |         | 42.90*   | 55 |



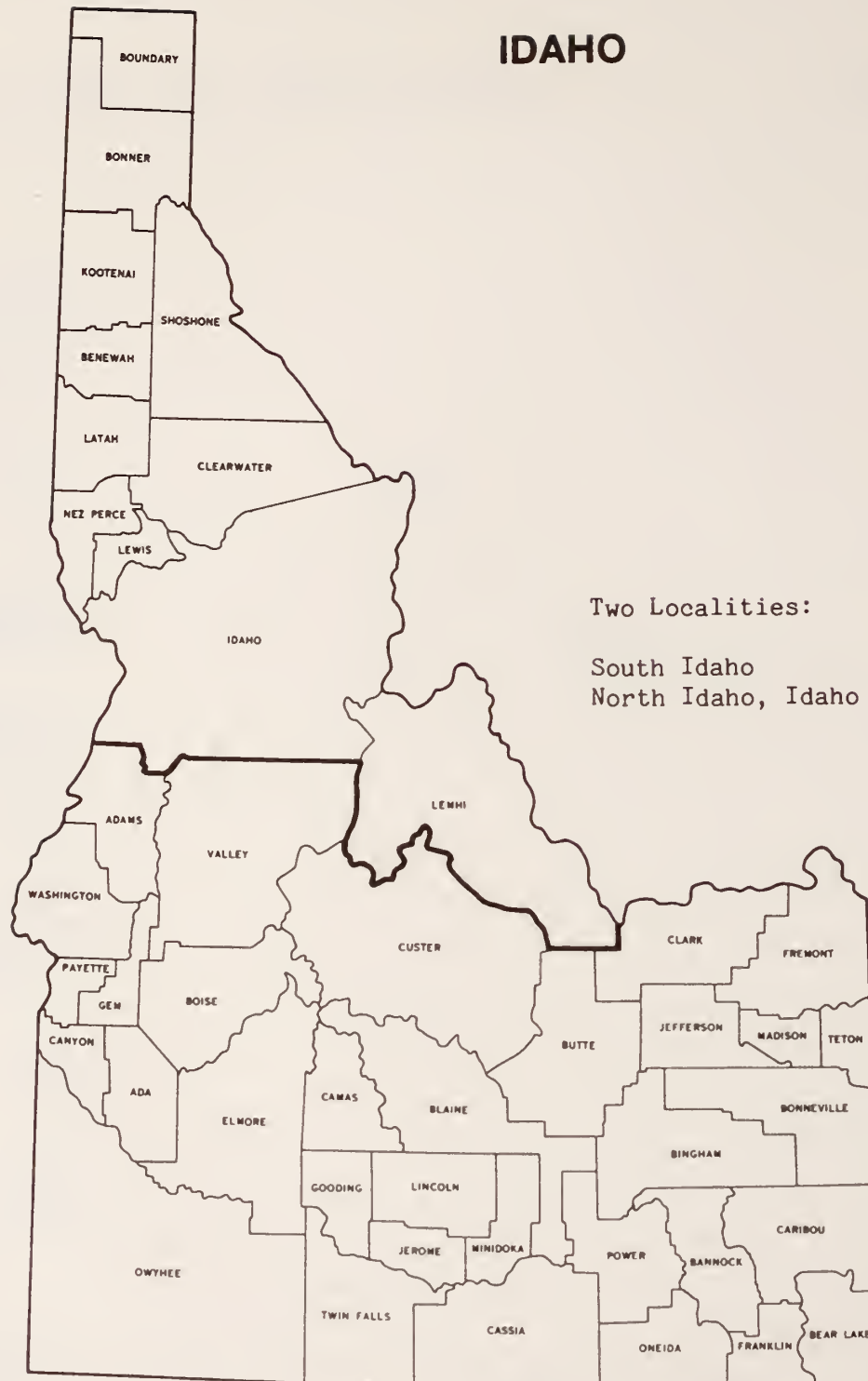
1982 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

HAWAII  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | O1     | O1       |     |
|----------------------------------|--------|----------|-----|
| 56 HEMORRHOIDECTOMY              |        | 429.40*  | 56  |
| 57 CHOLECYSTECTOMY               |        | 859.20*  | 57  |
| 58 REPAIR HERNIA                 |        | 501.20*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  |        | 100.30*  | 59  |
| 60 DILATION OF URETHRA           |        | 45.20*   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |        | 1002.40* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) |        | 1073.90* | 62  |
| 63 HYSTERECTOMY                  |        | 1002.40* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |        | 44.00    | 64  |
| 65 COMPREHENSIVE EYE EXAM        |        |          | 65  |
| 66 EYE EXAM WITH TONOMETRY       |        | 10.40*   | 66  |
| 67 EXTRACTION OF LENS            |        | 1073.90* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 21.50* | 26.70*   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 37.70* | 35.00*   | 69  |
| 70 X-RAY SPINE                   |        | 45.10*   | 70  |
| 71 X-RAY HIP                     |        | 48.40*   | 71  |
| 72 X-RAY UPPER GI TRACT          | 67.70* | 80.50*   | 72  |
| 73 X-RAY COLON                   |        | 73.30*   | 73  |
| 74 RADIATION THERAPY-LOW VOLT    |        |          | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |        |          | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |        |          | 76  |
| 77 CAT SCAN - HEAD               |        | 222.00*  | 77  |
| 78 CAT SCAN - ABDOMEN            |        |          | 78  |
| 79 THREE CHEMISTRY TESTS         |        | 27.60*   | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |        | 41.30*   | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |        | 15.00*   | 81  |
| 82 HEMOGLOBIN                    |        | 5.60*    | 82  |
| 83 AUTOMATED BLOOD COUNT         |        | 7.60*    | 83  |
| 84 WHITE CELL COUNT              |        | 6.80*    | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |        | 10.90*   | 85  |
| 86 CHOLESTEROL TEST              |        | 10.40    | 86  |
| 87 FLOCCULATION TEST             |        | 9.50*    | 87  |
| 88 HEMATOCRIT                    |        | 5.20     | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |        | 7.20*    | 89  |
| 90 POTASSIUM TEST - BLOOD        |        | 10.90*   | 90  |
| 91 PROTHROMBIN TIME TEST         |        | 10.70*   | 91  |
| 92 SEDIMENTATION RATE            |        | 8.30*    | 92  |
| 93 BLOOD SUGAR                   |        |          | 93  |
| 94 BUN-UREA - NITROGEN           |        | 9.20     | 94  |
| 95 URIC ACID                     |        | 10.20*   | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |        | 4.40*    | 96  |
| 97 PAP TEST                      |        |          | 97  |
| 98 ROUTINE URINALYSIS            |        | 5.70*    | 98  |
| 99 CHEMICAL URINALYSIS           |        | 5.00     | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |        | 34.00    | 100 |
| 101 ELEC MONITORING-PACEMAKER    |        |          | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |        | 1324.40* | 102 |
| 103 KIDNEY TRANSPLANT            |        |          | 103 |
| 104 HOSPITAL BED - RENTAL        |        |          | 104 |
| 105 WALKER - RENTAL              |        |          | 105 |
| 106 WHEELCHAIR - RENTAL          |        | 36.40    | 106 |
| 107 LIQUID OXYGEN - RENTAL       |        |          | 107 |
| 108 HOSPITAL BED - PURCHASE      |        | 820.70*  | 108 |
| 109 WALKER - PURCHASE            |        |          | 109 |
| 110 WHEELCHAIR - PURCHASE        |        |          | 110 |

IDAHO

# IDAHO



Two Localities:

South Idaho

North Idaho, Idaho and Lemhi Counties and points north

1982 PREVAILING CHARGE SUMMARY DATA      EQUITABLE LIFE ASSURANCE SOCIETY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

IDAHO  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | SOUTH  | NORTH   | SOUTH    | NORTH   |    |
|----------------------------------|--------|---------|----------|---------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |        |         | 21.50*   | 21.50   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 25.00  | 26.00   | 44.70*   | 43.00   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |        |         | 44.70*   | 43.00   | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 50.00  | 50.00   | 62.60*   | 67.40   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 7.10*  | 8.50*   | 9.00*    | 9.00*   | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 10.80* | 10.80*  | 14.40*   | 13.40*  | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 14.40* | 14.40*  | 15.00    | 13.40*  | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 16.20* | 19.00*  | 20.00    | 21.00   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 25.60* | 28.60*  | 30.00    | 32.00   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 31.30* | 40.50*  | 59.60*   | 43.00   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 19.80* | 21.50*  | 18.00*   | 20.00*  | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |        |         | 25.00    | 25.00   | 12 |
| 13 INTERMDIATE F/U HOME VISIT    | 26.50  | 26.00   | 19.40*   |         | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |        |         | 20.00    | 17.60   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 14.40* | 14.40   | 15.00*   | 13.40   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 35.70* | 34.00*  | 44.70*   | 43.00   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |        |         | 62.60*   | 53.70*  | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 50.00  | 55.50   | 62.60*   | 62.60*  | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 10.80* | 10.80*  | 13.40*   | 13.40*  | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 17.50  | 17.20   | 20.00*   | 19.00*  | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 25.00  | 22.30   | 28.00    | 23.00   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |        |         | 31.60*   | 33.50   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |        |         | 15.90*   | 15.00   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |        |         | 20.20*   | 22.20*  | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |        |         | 31.60*   | 39.00   | 25 |
| 26 LIMITED CONSULTATION          | 34.00* | 34.00*  | 44.70*   | 44.70*  | 26 |
| 27 EXTENSIVE CONSULTATION        |        |         | 62.60*   | 60.00   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |        |         | 71.70*   | 71.70*  | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |        |         | 33.50    | 34.00   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |        |         | 28.50*   | 21.20*  | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 11.20* | 10.80*  |          |         | 31 |
| 32 INITIAL PHYSIOTHERAPY         |        |         |          |         | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |        |         |          |         | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 26.90* | 26.90*  | 30.00    | 31.30*  | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 14.70* | 15.30*  | 20.00    | 15.20*  | 35 |
| 36 SPIROMETRY                    |        |         | 18.00*   | 17.10*  | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |        |         | 69.60*   |         | 37 |
| 38 CHEMOTHERAPY                  |        |         |          |         | 38 |
| 39 COLLECTION OF SPECIMENS       |        |         |          |         | 39 |
| 40 DEBRIDEMENT OF NAILS          |        |         |          | 11.10*  | 40 |
| 41 SKIN BIOPSY                   |        |         | 31.30*   | 31.30*  | 41 |
| 42 CHEMOCAUTERY                  |        |         | 18.20    | 16.50   | 42 |
| 43 RADICAL MASTECTOMY            |        |         | 656.00*  | 634.80* | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |        |         | 859.50*  | 859.50* | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    |        | 18.25*  |          | 17.33*  | 45 |
| 46 CORONARY ARTERY BYPASS        |        |         | 2782.90* |         | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |        |         | 984.60*  | 984.60* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |        |         | 19.50*   | 19.50   | 48 |
| 49 BRONCHOSCOPY                  |        |         | 170.25*  | 170.25* | 49 |
| 50 THORACENTESIS                 |        |         | 44.70*   | 32.00   | 50 |
| 51 CATHERIZATION OF HEART        |        |         | 442.20   |         | 51 |
| 52 INSERTION OF PACEMAKER        |        |         |          |         | 52 |
| 53 PARTIAL COLECTOMY             |        |         | 895.20*  | 805.60* | 53 |
| 54 APPENDECTOMY                  | 406.40 | 376.90* | 376.90*  | 376.90* | 54 |
| 55 SIGMOIDOSCOPY                 |        |         |          |         | 55 |

1982 PREVAILING CHARGE SUMMARY DATA      EQUITABLE LIFE ASSURANCE SOCIETY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

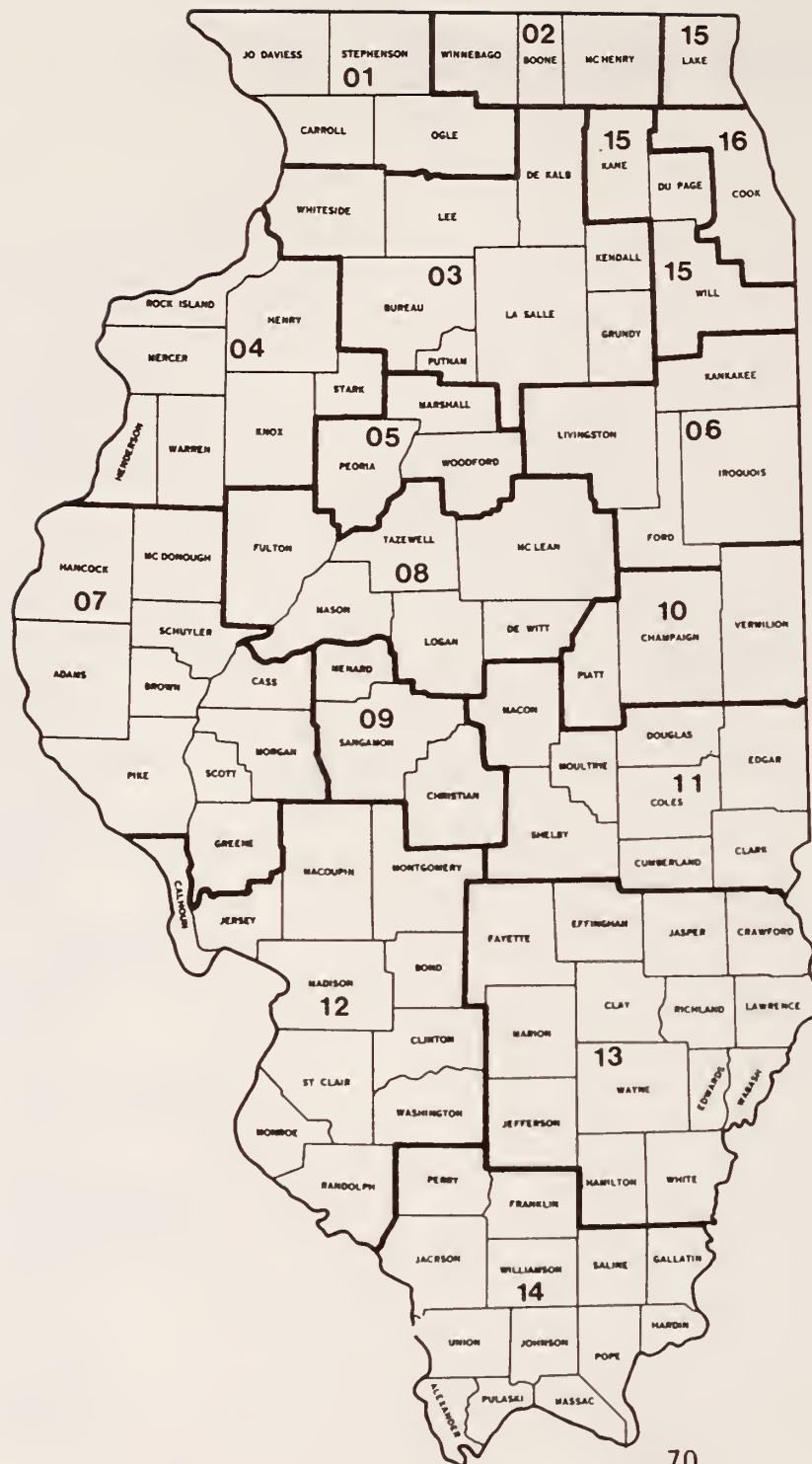
IDAHO  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | SOUTH | NORTH | SOUTH   | NORTH   |     |
|----------------------------------|-------|-------|---------|---------|-----|
| 56 HEMORRHOIDECTOMY              |       |       |         |         | 56  |
| 57 CHOLECYSTECTOMY               |       |       |         |         | 57  |
| 58 REPAIR HERNIA                 |       |       |         |         | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  |       |       | 60.00   | 49.60   | 59  |
| 60 DILATION OF URETHRA           |       |       |         | 15.70   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |       |       | 869.70* | 740.50* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) |       |       | 716.20* | 716.20* | 62  |
| 63 HYSTERECTOMY                  |       |       | 716.20* | 716.20* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |       |       | 30.70*  | 32.50*  | 64  |
| 65 COMPREHENSIVE EYE EXAM        |       |       | 30.70*  | 32.50*  | 65  |
| 66 EYE EXAM WITH TONOMETRY       |       |       | 11.90*  | 16.00   | 66  |
| 67 EXTRACTION OF LENS            |       |       | 671.50* | 850.00  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 26.90 | 20.00 | 27.00   | 37.00   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 26.90 | 25.10 | 36.50   | 34.00   | 69  |
| 70 X-RAY SPINE                   |       |       | 42.00   | 42.00   | 70  |
| 71 X-RAY HIP                     |       |       | 37.00   | 38.00   | 71  |
| 72 X-RAY UPPER GI TRACT          | 55.50 | 55.50 | 83.00   | 83.00   | 72  |
| 73 X-RAY COLON                   |       |       | 81.00   | 65.00   | 73  |
| 74 RADIATION THERAPY-LOW VOLT    |       |       |         |         | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |       |       |         |         | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |       |       |         |         | 76  |
| 77 CAT SCAN - HEAD               |       |       | 300.00  |         | 77  |
| 78 CAT SCAN - ABDOMEN            |       |       |         |         | 78  |
| 79 THREE CHEMISTRY TESTS         |       |       |         | 28.00   | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |       |       | 21.50   | 39.50   | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |       |       | 12.00   | 16.50   | 81  |
| 82 HEMOGLOBIN                    |       |       | 2.50    | 4.50    | 82  |
| 83 AUTOMATED BLOOD COUNT         |       |       | 4.00L   | 5.00L   | 83  |
| 84 WHITE CELL COUNT              |       |       | 3.00L   | 4.75L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |       |       | 9.75L   | 11.00L  | 85  |
| 86 CHOLESTEROL TEST              |       |       | 7.50L   | 7.00L   | 86  |
| 87 FLOCCULATION TEST             |       |       | 8.00    | 8.00    | 87  |
| 88 HEMATOCRIT                    |       |       | 3.00L   | 4.50L   | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |       |       | 8.00    | 8.25    | 89  |
| 90 POTASSIUM TEST - BLOOD        |       |       | 8.00    | 10.00   | 90  |
| 91 PROTHROMBIN TIME TEST         |       |       | 6.50L   | 8.50L   | 91  |
| 92 SEDIMENTATION RATE            |       |       | 5.00L   | 5.00L   | 92  |
| 93 BLOOD SUGAR                   |       |       | 6.50L   | 6.50L   | 93  |
| 94 BUN-UREA - NITROGEN           |       |       | 6.75L   | 9.00L   | 94  |
| 95 URIC ACID                     |       |       | 7.50L   | 8.00L   | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |       |       | 6.00    | 7.00    | 96  |
| 97 PAP TEST                      |       |       | 7.50L   | 7.00L   | 97  |
| 98 ROUTINE URINALYSIS            |       |       | 4.50L   | 5.00L   | 98  |
| 99 CHEMICAL URINALYSIS           |       |       | 4.00    | 4.00    | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |       |       | 18.00   | 25.00   | 100 |
| 101 ELEC MONITORING-PACEMAKER    |       |       |         |         | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |       |       |         |         | 102 |
| 103 KIDNEY TRANSPLANT            |       |       |         |         | 103 |
| 104 HOSPITAL BED - RENTAL        |       |       | 65.00L  | 130.90L | 104 |
| 105 WALKER - RENTAL              |       |       | 11.30   | 11.30   | 105 |
| 106 WHEELCHAIR - RENTAL          |       |       | 26.80L  | 25.75L  | 106 |
| 107 LIQUID OXYGEN - RENTAL       |       |       | 72.10   | 72.10   | 107 |
| 108 HOSPITAL BED - PURCHASE      |       |       | 714.00L | 714.00L | 108 |
| 109 WALKER - PURCHASE            |       |       | 547.00  | 65.00   | 109 |
| 110 WHEELCHAIR - PURCHASE        |       |       | 269.00L | 273.00L | 110 |



ILLINOIS

# ILLINOIS



"E.D.S. Federal Corporation"

Sixteen localities

1982 PREVAILING CHARGE SUMMARY DATA E.O.S. FEDERAL CORPORATION  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ILLINOIS  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION              | 01      | 02      | 03      | 04      | 01       | 02       | 03       | 04       |    |
|------------------------------------|---------|---------|---------|---------|----------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT       |         |         |         |         | 20.00    | 18.00    | 25.00    | 35.70*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT     | 15.00   | 26.80*  | 18.00   | 20.00   | 20.00    | 18.00    | 25.00    | 35.70*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT    |         |         |         |         | 35.70*   | 40.00    | 31.30*   | 53.70*   | 3  |
| 4 INITIAL COMP OFFICE VISIT        | 32.40*  | 9.70*   | 35.00   | 31.00*  | 35.70*   | 53.70*   | 44.70*   | 60.00    | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT    | 5.00    | 10.70*  | 9.00    | 5.00    | 7.10*    | 3.00     | 5.30*    | 5.30*    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT      | 9.00*   | 12.50*  | 10.70*  | 10.70*  | 12.50*   | 14.25*   | 12.50*   | 14.25*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT    | 9.00*   | 12.50*  | 10.70*  | 10.70*  | 12.50*   | 14.25*   | 12.50*   | 14.25*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT    | 13.00   | 15.00   | 15.00   | 15.00   | 17.00    | 18.00    | 17.00    | 20.00    | 8  |
| 9 EXTENDED F/U OFFICE VISIT        | 16.00   | 17.00   | 23.00   | 35.00   | 26.80*   | 20.00    | 26.80*   | 26.80*   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT      | 27.70*  | 27.70*  | 27.70*  | 27.70*  | 27.70*   | 27.70*   | 27.70*   | 27.70*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT       | 13.10*  | 19.60*  | 15.80*  | 16.90*  | 14.30*   | 25.00    | 18.70*   | 20.00    | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT     |         |         |         |         | 18.00*   | 25.00    | 17.40*   | 20.00    | 12 |
| 13 INTERMEDIATE F/U HOME VISIT     | 27.70*  | 24.20*  | 23.40*  | 21.80*  | 20.10*   | 35.00    | 28.10*   | 35.00    | 13 |
| 14 EXTENDED CARE FACILITY VISIT    |         |         |         |         | 19.90*   | 20.10*   | 17.00    | 19.10*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT    | 12.50*  | 15.00   | 15.00   | 12.50*  | 17.00    | 18.00*   | 14.25*   | 14.25*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT    | 26.80*  | 26.80*  | 35.70*  | 44.70*  | 35.70*   | 44.70*   | 40.00    | 44.70*   | 16 |
| 17 INITIAL INTERMED HOSPITAL VISIT |         |         |         |         | 35.70*   | 60.00    | 62.60*   | 60.00    | 17 |
| 18 INITIAL COMP HOSPITAL VISIT     | 45.00   | 50.00   | 50.00   | 50.00   | 60.00    | 70.00    | 62.60*   | 62.60*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT   | 10.70*  | 12.50*  | 12.50*  | 12.50*  | 12.50*   | 18.00*   | 14.25*   | 14.25*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT      | 13.00   | 26.80*  | 21.50*  | 18.00*  | 17.00    | 30.00    | 25.00    | 25.00    | 20 |
| 21 INTERMED F/U HOSPITAL VISIT     | 13.00   | 26.80*  | 21.50*  | 18.00*  | 17.00    | 30.00    | 25.00    | 25.00    | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT     |         |         |         |         | 33.00    | 50.00    | 22.50*   | 35.00    | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT      |         |         |         |         | 100.00   | 100.00   | 100.00   | 100.00   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT    |         |         |         |         | 100.00   | 100.00   | 100.00   | 100.00   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT   |         |         |         |         | 100.00   | 100.00   | 100.00   | 100.00   | 25 |
| 26 LIMITED CONSULTATION            | 50.00   | 17.00   | 56.40*  | 50.00   | 51.90*   | 44.70*   | 44.70*   | 44.70*   | 26 |
| 27 EXTENSIVE CONSULTATION          |         |         |         |         | 53.70*   | 55.00    | 60.00    | 44.70*   | 27 |
| 28 COMPREHENSIVE CONSULTATION      |         |         |         |         | 62.60*   | 62.60*   | 75.00    | 62.60*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR          |         |         |         |         | 49.90*   | 55.00    | 60.00    | 26.80*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR         |         |         |         |         | 35.40*   | 21.70*   | 30.00    | 16.30*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT       | 12.00   | 15.00   | 12.00   | 13.00   | 12.00    | 15.00    | 12.00    | 13.00    | 31 |
| 32 INITIAL PHYSIOTHERAPY           |         |         |         |         | 20.00    | 20.00    | 20.00    | 20.00    | 32 |
| 33 F/U PODIATRIC OFFICE VISIT      |         |         |         |         | 12.50*   | 14.25*   | 12.50*   | 14.25*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)         | 20.00   | 25.00   | 25.00   | 25.00   | 22.00    | 24.00    | 18.00    | 30.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY   | 9.70*   | 9.70*   | 10.00   | 9.70*   | 10.00    | 22.00    | 8.75     | 10.00    | 35 |
| 36 SPIROMETRY                      |         |         |         |         | 30.00    | 30.00    | 30.00    | 30.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)      |         |         |         |         | 21.50*   | 63.60*   | 21.50*   | 36.20*   | 37 |
| 38 CHEMOTHERAPY                    |         |         |         |         | 24.70*   | 15.00    | 22.80*   | 24.10*   | 38 |
| 39 COLLECTION OF SPECIMENS         |         |         |         |         | 7.50     | 1.00     | 7.00     | 10.25    | 39 |
| 40 DEBRIDEMENT OF NAILS            |         |         |         |         | 27.60*   | 25.60*   | 26.20*   | 26.20*   | 40 |
| 41 SKIN BIOPSY                     |         |         |         |         | 45.20*   | 18.00*   | 25.00    | 35.70*   | 41 |
| 42 CHEMOCAUTERY                    |         |         |         |         | 67.80*   | 75.00    | 14.60*   | 62.20*   | 42 |
| 43 RADICAL MASTECTOMY              |         |         |         |         | 723.50*  | 402.70*  | 626.40*  | 900.00   | 43 |
| 44 OPEN REDUCTION OF FRACTURE      |         |         |         |         | 1074.00* | 984.40*  | 716.00*  | 537.00*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT      | 21.50*  | 18.00*  | 18.00*  | 18.00*  | 21.70*   | 26.80*   | 14.25*   | 26.80*   | 45 |
| 46 CORONARY ARTERY BYPASS          |         |         |         |         | 3095.00* | 3095.00* | 2467.40* | 2266.20* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE    |         |         |         |         | 2400.00  | 2177.60* | 1731.00* | 1405.30* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA        |         |         |         |         | 40.00    | 34.00    | 40.00    | 40.00    | 48 |
| 49 BRONCHOSCOPY                    |         |         |         |         | 161.00*  | 179.00*  | 179.00*  | 187.90*  | 49 |
| 50 THORACENTESIS                   |         |         |         |         | 78.90*   | 62.60*   | 55.80*   | 34.40*   | 50 |
| 51 CATHETERIZATION OF HEART        |         |         |         |         | 434.30*  | 450.70*  | 450.00   | 361.10*  | 51 |
| 52 INSERTION OF PACEMAKER          |         |         |         |         | 1342.00  | 1327.60* | 1342.00  | 1342.00  | 52 |
| 53 PARTIAL COLECTOMY               |         |         |         |         | 895.00*  | 895.00*  | 939.60*  | 1002.40* | 53 |
| 54 APPENDECTOMY                    | 521.00* | 521.00* | 521.00* | 521.00* | 550.00   | 447.40*  | 447.40*  | 447.40*  | 54 |
| 55 SIGMOIDOSCOPY                   |         |         |         |         | 40.00    | 35.70*   | 44.70*   | 44.70*   | 55 |

| 1982 PREVAILING CHARGE SUMMARY DATA E.D.S. FEDERAL CORPORATION<br>LOCALITY DESIGNATION FOR GENERAL PRACTICE |         |         |         |         | ILLINOIS<br>LOCALITY DESIGNATION FOR SPECIALIST |          |          |          |     |
|---|---------|---------|---------|---------|---|----------|----------|----------|-----|
| PROCEDURE DESCRIPTION   | O1      | O2      | O3      | O4      | O1  | O2       | O3       | O4       |     |
| 56 HEMORRHOIDECTOMY   |         |         |         |         | 402.70*   | 447.40*  | 268.40*  | 375.90*  | 56  |
| 57 CHOLECYSTECTOMY  |         |         |         |         | 700.00  | 716.00*  | 716.00*  | 800.00   | 57  |
| 58 REPAIR HERNIA  |         |         |         |         | 447.40*   | 483.20*  | 447.40*  | 438.50*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY   | 72.40*  | 55.00   | 65.00*  | 65.00   | 62.60*  | 55.00    | 62.60*   | 53.70*   | 59  |
| 60 DILATION OF URETHRA  |         |         |         |         | 20.00   | 17.00    | 9.00*    | 21.50*   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC   |         |         |         |         | 1000.00   | 1000.00  | 859.10*  | 859.10*  | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR)  | 534.30* | 1200.00 | 942.80* | 812.90* | 860.50*   | 836.60*  | 784.40*  | 792.50*  | 62  |
| 63 HYSTERECTOMY   |         |         |         |         | 738.70*   | 895.00*  | 716.00*  | 877.00*  | 63  |
| 64 INITIAL COMPLETE EYE EXAM  |         |         |         |         | 21.30*  | 27.30*   | 15.20*   | 29.40*   | 64  |
| 65 COMPREHENSIVE EYE EXAM   |         |         |         |         | 27.90*  | 27.00    | 24.70*   | 30.00    | 65  |
| 66 EYE EXAM WITH TONOMETRY  |         |         |         |         | 25.00   | 25.00    | 18.00    | 25.00    | 66  |
| 67 EXTRACTION OF LENS   | 868.10* | 835.00  | 868.10* | 868.10* | 939.60*   | 835.00   | 716.00*  | 716.00*  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW  | 18.00*  | 29.00   | 18.00   | 30.00   | 15.00   | 10.50    | 9.50     | 15.00    | 68  |
| 69 CHEST X-RAY - TWO VIEWS  | 26.80*  | 28.60*  | 21.50*  | 32.20*  | 30.40*  | 28.60*   | 26.80*   | 32.00    | 69  |
| 70 X-RAY SPINE  |         |         |         |         | 48.60*  | 50.00    | 31.30*   | 44.70*   | 70  |
| 71 X-RAY HIP  |         |         |         |         | 32.80*  | 21.50*   | 26.80*   | 26.80*   | 71  |
| 72 X-RAY UPPER GI TRACT   | 18.00*  | 75.00   | 62.90*  | 61.60*  | 65.00   | 65.00    | 40.00    | 65.00    | 72  |
| 73 X-RAY COLON  |         |         |         |         | 60.00   | 60.00    | 40.00    | 60.00    | 73  |
| 74 RADIATION THERAPY-LOW VOLT   | 23.00   | 23.00   | 23.00   | 23.00   | 17.10   | 17.10    | 17.10    | 17.10    | 74  |
| 75 RADIATION THERAPY-SUPER VOLT   | 31.00   | 31.00   | 31.00   | 31.00   | 21.70   | 21.70    | 21.70    | 17.90    | 75  |
| 76 RADIATION THERAPY-MEGAVOLT   |         |         |         |         | 21.70   | 21.70    | 21.70    | 17.90    | 76  |
| 77 CAT SCAN - HEAD  |         |         |         |         | 237.00  | 237.00   | 237.00   | 237.00   | 77  |
| 78 CAT SCAN - ABOOMEN   |         |         |         |         | 300.00  | 300.00   | 300.00   | 300.00   | 78  |
| 79 THREE CHEMISTRY TESTS  |         |         |         |         | 25.75   | 26.50    | 21.50    | 20.00    | 79  |
| 80 NINETEEN CHEMISTRY TESTS   |         |         |         |         | 22.00   | 25.00    | 32.00    | 25.00    | 80  |
| 81 CULTURE - OTHER THAN BLOOD   |         |         |         |         | 13.00   | 20.00    | 18.50    | 25.00    | 81  |
| 82 HEMOGLOBIN   |         |         |         |         | 3.00L   | 3.00L    | 3.00L    | 3.00L    | 82  |
| 83 AUTOMATED BLOOD COUNT  |         |         |         |         | 13.00   | 13.00    | 11.00    | 12.00    | 83  |
| 84 WHITE CELL COUNT   |         |         |         |         | 3.30L   | 3.30L    | 3.30L    | 3.30L    | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)   |         |         |         |         |   |          |          |          | 85  |
| 86 CHOLESTEROL TEST   |         |         |         |         | 6.00L   | 6.00L    | 6.00L    | 6.00L    | 86  |
| 87 FLOCCULATION TEST  |         |         |         |         |   |          |          |          | 87  |
| 88 HEMATOCRIT   |         |         |         |         | 3.00L   | 3.00L    | 3.00L    | 3.00L    | 88  |
| 89 PLATELET COUNT (REES-ECKER)  |         |         |         |         | 7.50  | 6.50     | 6.00     | 8.50     | 89  |
| 90 POTASSIUM TEST - BLOOD   |         |         |         |         | 12.00   | 8.00     | 7.50     | 8.50     | 90  |
| 91 PROTHROMBIN TIME TEST  |         |         |         |         | 5.80L   | 5.80L    | 5.80L    | 5.80L    | 91  |
| 92 SEDIMENTATION RATE   |         |         |         |         | 5.00L   | 5.00L    | 5.00     | 5.00L    | 92  |
| 93 BLOOD SUGAR  |         |         |         |         | 6.00L   | 6.00L    | 6.00L    | 6.00L    | 93  |
| 94 BUN-UREA - NITROGEN  |         |         |         |         | 6.60L   | 6.60L    | 6.60L    | 6.60L    | 94  |
| 95 URIC ACID  |         |         |         |         | 6.50L   | 6.50L    | 6.50L    | 6.50L    | 95  |
| 96 FECES-OCULT BLOOD-SCREENING  |         |         |         |         | 3.00  | 3.00     | 4.50     | 5.00     | 96  |
| 97 PAP TEST   |         |         |         |         | 8.00L   | 8.00L    | 8.00L    | 8.00L    | 97  |
| 98 ROUTINE URINALYSIS   |         |         |         |         | 4.00L   | 4.00L    | 4.00L    | 4.00L    | 98  |
| 99 CHEMICAL URINALYSIS  |         |         |         |         | 3.00  | 4.00     | 4.00     | 4.00     | 99  |
| 100 PATHOLOGY - THREE SPECIMENS   |         |         |         |         | 25.00   | 20.00    | 20.00    | 25.70    | 100 |
| 101 ELEC MONITORING-PACEMAKER   |         |         |         |         | 25.00   | 35.00    | 25.00    | 25.00    | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL  |         |         |         |         | 1060.00   | 970.00   | 1090.00  | 1090.00  | 102 |
| 103 KIDNEY TRANSPLANT   |         |         |         |         | 2413.60*  | 2332.60* | 2408.80* | 2322.40* | 103 |
| 104 HOSPITAL BED - RENTAL   |         |         |         |         | 49.50L  | 49.50L   | 49.50L   | 48.00    | 104 |
| 105 WALKER - RENTAL   |         |         |         |         | 28.20   | 28.20    | 28.20    | 28.20    | 105 |
| 106 WHEELCHAIR - RENTAL   |         |         |         |         | 29.00L  | 29.00L   | 29.00L   | 28.00    | 106 |
| 107 LIQUID OXYGEN - RENTAL  |         |         |         |         | 38.00   | 38.00    | 38.00    | 38.00    | 107 |
| 108 HOSPITAL BED - PURCHASE   |         |         |         |         | 390.20L   | 390.20L  | 390.20L  | 390.20L  | 108 |
| 109 WALKER - PURCHASE   |         |         |         |         | 57.98   | 57.98    | 57.98    | 57.98    | 109 |
| 110 WHEELCHAIR - PURCHASE   |         |         |         |         | 224.70L   | 224.70L  | 224.70L  | 224.70L  | 110 |



1982 PREVAILING CHARGE SUMMARY DATA E.O.S. FEDERAL CORPORATION  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ILLINOIS  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 05      | 06      | 07      | 08      | 05       | 06       | 07       | 08       |    |
|----------------------------------|---------|---------|---------|---------|----------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |         |         |         | 26.80*   | 33.00    | 26.80*   | 20.00    | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 25.00   | 20.00   | 26.80*  | 15.00   | 26.80*   | 33.00    | 26.80*   | 20.00    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |         |         | 53.70*   | 26.80*   | 35.00    | 25.00    | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 30.00   | 29.70*  | 33.70*  | 26.80*  | 44.70*   | 65.00    | 44.70*   | 53.70*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 5.30*   | 5.00    | 5.00    | 7.70*   | 5.00     | 5.30*    | 5.00     | 5.30*    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 13.40*  | 10.70*  | 13.20*  | 10.70*  | 18.00    | 12.50*   | 12.50*   | 12.50*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 13.40*  | 10.70*  | 13.20*  | 10.70*  | 18.00    | 12.50*   | 12.50*   | 12.50*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 15.00   | 15.00   | 18.00   | 18.00   | 20.00    | 20.00    | 15.00    | 20.00    | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 12.50*  | 40.00   | 14.00   | 15.00   | 18.00*   | 23.00*   | 16.00    | 20.00    | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 27.70*  | 27.70*  | 27.70*  | 27.70*  | 27.70*   | 27.70*   | 27.70*   | 27.70*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 20.70*  | 14.90*  | 20.70*  | 20.20*  | 29.25*   | 23.40*   | 20.80*   | 19.10*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |         |         |         | 20.40*   | 17.70*   | 18.00*   | 20.00*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 30.00   | 23.10*  | 23.90*  | 22.00*  | 34.10*   | 32.80*   | 29.10*   | 33.50*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |         |         | 17.20*   | 23.30*   | 19.90*   | 15.00    | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 15.00   | 18.00*  | 15.00   | 14.25*  | 18.00*   | 18.00*   | 12.00    | 16.00    | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 26.80*  | 44.70*  | 26.80*  | 35.70*  | 50.00    | 44.70*   | 35.70*   | 26.80*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         |         |         | 53.70*   | 44.70*   | 53.70*   | 50.00    | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 40.00   | 50.00   | 50.00   | 50.00   | 53.70*   | 82.00    | 60.00    | 53.70*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 12.50*  | 12.50*  | 10.70*  | 12.50*  | 14.25*   | 18.00*   | 12.50*   | 12.50*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 17.00   | 21.50*  | 18.00*  | 18.00*  | 21.60    | 26.80*   | 19.00    | 20.00    | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 17.00   | 21.50*  | 18.00*  | 18.00*  | 21.60    | 26.80*   | 19.00    | 20.00    | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         |         |         | 22.00    | 30.00    | 9.00*    | 20.00    | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |         |         |         | 100.00   | 100.00   | 100.00   | 100.00   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         |         |         | 100.00   | 100.00   | 100.00   | 100.00   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |         |         |         | 100.00   | 100.00   | 100.00   | 100.00   | 25 |
| 26 LIMITED CONSULTATION          | 23.20*  | 23.20*  | 35.70*  | 26.80*  | 44.70*   | 44.70*   | 35.70*   | 44.70*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         |         |         |         | 44.70*   | 62.60*   | 44.70*   | 44.70*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |         |         |         | 44.70*   | 89.60*   | 35.70*   | 44.70*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |         |         |         | 35.70*   | 44.70*   | 35.70*   | 30.40*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |         |         |         | 17.30*   | 30.00*   | 25.00    | 28.00    | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 14.00   | 14.00   | 12.00   | 12.00   | 14.00    | 14.00    | 12.00    | 12.00    | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |         |         |         | 20.00    | 20.00    | 20.00    | 20.00    | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |         |         |         | 14.25*   | 12.50*   | 12.50*   | 12.50*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 26.80*  | 26.80*  | 25.00   | 26.80*  | 26.80*   | 21.50*   | 25.00    | 25.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 10.00   | 5.30*   | 9.70*   | 9.70*   | 5.30*    | 9.40*    | 10.00    | 10.00    | 35 |
| 36 SPIROMETRY                    |         |         |         |         | 30.00    | 30.00    | 30.00    | 30.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |         |         |         | 35.70*   | 41.60*   | 21.50*   | 21.50*   | 37 |
| 38 CHEMOTHERAPY                  |         |         |         |         | 21.60*   | 25.00    | 24.80*   | 23.30*   | 38 |
| 39 COLLECTION OF SPECIMENS       |         |         |         |         | 12.00    | 5.00     | 5.00     | 7.00     | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |         |         |         | 25.60*   | 23.00*   | 23.75*   | 22.50*   | 40 |
| 41 SKIN BIOPSY                   |         |         |         |         | 26.80*   | 26.80*   | 18.00*   | 44.70*   | 41 |
| 42 CHEMOCAUTERY                  |         |         |         |         | 75.00    | 14.60*   | 14.25*   | 75.00    | 42 |
| 43 RADICAL MASTECTOMY            |         |         |         |         | 895.00*  | 895.00*  | 716.00*  | 626.40*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |         |         |         | 859.10*  | 854.00*  | 638.90*  | 805.40*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 25.00   | 21.50*  | 35.00   | 18.00*  | 9.00*    | 11.30*   | 18.00*   | 21.70*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         |         |         |         | 3153.80* | 2948.80* | 3095.00* | 3095.00* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         |         |         | 2327.30* | 1423.10* | 1479.60* | 1800.00  | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |         |         |         | 40.00    | 40.00    | 40.00    | 40.00    | 48 |
| 49 BRONCHOSCOPY                  |         |         |         |         | 179.00*  | 179.00*  | 223.70*  | 223.70*  | 49 |
| 50 THORACENTESIS                 |         |         |         |         | 62.60*   | 28.90*   | 78.90*   | 78.90*   | 50 |
| 51 CATHETERIZATION OF HEART      |         |         |         |         | 450.00   | 303.90*  | 434.30*  | 434.30*  | 51 |
| 52 INSERTION OF PACEMAKER        |         |         |         |         | 1326.80* | 1196.40* | 1233.10* | 1167.70* | 52 |
| 53 PARTIAL COLECTOMY             |         |         |         |         | 984.40*  | 895.00*  | 895.00*  | 895.00*  | 53 |
| 54 APPENDECTOMY                  | 521.00* | 521.00* | 521.00* | 521.00* | 358.00*  | 375.90*  | 447.40*  | 358.00*  | 54 |
| 55 SIGMOIDOSCOPY                 |         |         |         |         | 44.70*   | 44.70*   | 44.70*   | 44.70*   | 55 |



1982 PREVAILING CHARGE SUMMARY DATA E.O.S. FEDERAL CORPORATION  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ILLINOIS  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 05      | 06      | 07       | 08      | 05       | 06       | 07       | 08       |     |
|----------------------------------|---------|---------|----------|---------|----------|----------|----------|----------|-----|
| 56 HEMORRHOIOECTOMY              |         |         |          |         | 447.40*  | 358.00*  | 358.00*  | 402.70*  | 56  |
| 57 CHOLECYSTECTOMY               |         |         |          |         | 644.40*  | 716.00*  | 671.20*  | 689.10*  | 57  |
| 58 REPAIR HERNIA                 |         |         |          |         | 447.40*  | 447.40*  | 384.80*  | 402.70*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 60.00   | 65.00*  | 65.00*   | 65.00*  | 89.60*   | 62.60*   | 53.70*   | 62.60*   | 59  |
| 60 DILATION OF URETHRA           |         |         |          |         | 18.00*   | 26.80*   | 18.00*   | 18.00*   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         |         |          |         | 716.00*  | 626.40*  | 895.00*  | 716.00*  | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 1200.00 | 894.20* | 1020.30* | 894.70* | 662.20*  | 874.30*  | 766.10*  | 694.60*  | 62  |
| 63 HYSTERECTOMY                  |         |         |          |         | 859.10*  | 805.40*  | 671.20*  | 805.40*  | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |         |          |         | 32.00    | 32.20*   | 17.80*   | 18.00*   | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |         |          |         | 20.00    | 39.60*   | 23.20*   | 27.90*   | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |         |          |         | 20.00    | 25.00    | 25.00    | 25.00    | 66  |
| 67 EXTRACTION OF LENS            | 850.00  | 760.00  | 800.00   | 868.10* | 716.00*  | 760.00   | 800.00   | 895.00*  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 26.80*  | 18.00*  | 25.50    | 26.80*  | 9.50     | 15.00    | 15.00    | 15.00    | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 30.40*  | 18.00*  | 26.80*   | 26.80*  | 32.00    | 26.80*   | 26.80*   | 32.00    | 69  |
| 70 X-RAY SPINE                   |         |         |          |         | 35.70*   | 44.70*   | 44.70*   | 44.70*   | 70  |
| 71 X-RAY HIP                     |         |         |          |         | 34.00    | 34.00    | 29.10*   | 29.60*   | 71  |
| 72 X-RAY UPPER GI TRACT          | 53.70*  | 55.70*  | 57.10*   | 62.60*  | 29.00    | 62.60*   | 62.60*   | 62.60*   | 72  |
| 73 X-RAY COLON                   |         |         |          |         | 32.00    | 60.00    | 60.00    | 60.00    | 73  |
| 74 RAOIATION THERAPY-LOW VOLT    | 23.00   | 23.00   | 23.00    | 23.00   | 17.10    | 17.10    | 17.90    | 17.10    | 74  |
| 75 RAOIATION THERAPY-SUPER VOLT  | 31.00   | 31.00   | 31.00    | 31.00   | 21.70    | 21.70    | 35.20    | 21.70    | 75  |
| 76 RAOIATION THERAPY-MEGAVOLT    |         |         |          |         | 21.70    | 21.70    | 35.20    | 21.70    | 76  |
| 77 CAT SCAN - HEAD               |         |         |          |         | 237.00   | 237.00   | 237.00   | 237.00   | 77  |
| 78 CAT SCAN - ABOOMEN            |         |         |          |         | 300.00   | 300.00   | 300.00   | 300.00   | 78  |
| 79 THREE CHEMISTRY TESTS         |         |         |          |         | 34.00    | 40.00    | 22.00    | 30.00    | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |         |          |         | 25.00    | 35.00    | 26.00    | 30.00    | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         |         |          |         | 20.00    | 25.00    | 12.00    | 14.50    | 81  |
| 82 HEMOGLOBIN                    |         |         |          |         | 3.00L    | 3.00L    | 3.00L    | 3.00L    | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |         |          |         | 13.00    | 10.00    | 9.50     | 10.00    | 83  |
| 84 WHITE CELL COUNT              |         |         |          |         | 3.30L    | 3.30L    | 3.00     | 3.30L    | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |         |          |         |          |          |          |          | 85  |
| 86 CHOLESTEROL TEST              |         |         |          |         | 6.00L    | 6.00L    | 6.00L    | 6.00L    | 86  |
| 87 FLOCCULATION TEST             |         |         |          |         |          |          |          |          | 87  |
| 88 HEMATOCRIT                    |         |         |          |         | 3.00L    | 3.00L    | 3.00L    | 3.00L    | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |         |          |         | 10.00    | 8.00     | 8.00     | 8.50     | 89  |
| 90 POTASSIUM TEST - BLOOD        |         |         |          |         | 11.00    | 10.00    | 7.00     | 8.10     | 90  |
| 91 PROTHROMBIN TIME TEST         |         |         |          |         | 5.80L    | 5.80L    | 5.80L    | 5.80L    | 91  |
| 92 SEDIMENTATION RATE            |         |         |          |         | 5.00L    | 5.00L    | 5.00     | 5.00L    | 92  |
| 93 BLOOD SUGAR                   |         |         |          |         | 6.00L    | 6.00L    | 6.00L    | 6.00L    | 93  |
| 94 BUN-UREA - NITROGEN           |         |         |          |         | 6.60L    | 6.60L    | 6.60L    | 6.60L    | 94  |
| 95 URIC ACID                     |         |         |          |         | 6.50L    | 6.50L    | 6.50L    | 6.50L    | 95  |
| 96 FECES-OCULT BLOOD-SCREENING   |         |         |          |         | 7.00     | 5.00     | 4.00     | 4.00     | 96  |
| 97 PAP TEST                      |         |         |          |         | 8.00L    | 8.00L    | 8.00L    | 8.00L    | 97  |
| 98 ROUTINE URINALYSIS            |         |         |          |         | 4.00L    | 4.00L    | 4.00L    | 4.00L    | 98  |
| 99 CHEMICAL URINALYSIS           |         |         |          |         | 5.00     | 3.00     | 5.00     | 5.00     | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |         |          |         | 19.60    | 30.00    | 12.00    | 17.00    | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |         |          |         | 25.00    | 25.00    | 25.00    | 25.00    | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |         |          |         | 1090.00  | 1210.00  | 970.00   | 1110.00  | 102 |
| 103 KIDNEY TRANSPLANT            |         |         |          |         | 2339.70* | 2403.50* | 2407.70* | 2355.25* | 103 |
| 104 HOSPITAL BED - RENTAL        |         |         |          |         | 49.50L   | 49.50L   | 49.50L   | 49.50L   | 104 |
| 105 WALKER - RENTAL              |         |         |          |         | 28.20    | 28.20    | 20.00    | 28.20    | 105 |
| 106 WHEELCHAIR - RENTAL          |         |         |          |         | 20.00    | 29.00L   | 28.80    | 27.50    | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         |         |          |         | 38.00    | 38.00    | 38.00    | 38.00    | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |         |          |         | 390.20L  | 390.20L  | 390.20L  | 390.20L  | 108 |
| 109 WALKER - PURCHASE            |         |         |          |         | 57.98    | 57.98    | 54.70    | 57.98    | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |         |          |         | 224.70L  | 224.70L  | 224.70L  | 224.70L  | 110 |

1982 PREVAILING CHARGE SUMMARY DATA E.O.S. FEDERAL CORPORATION  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ILLINOIS  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 09      | 10      | 11      | 12      | 09       | 10       | 11       | 12       |    |
|----------------------------------|---------|---------|---------|---------|----------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |         |         |         | 25.00    | 26.80*   | 26.80*   | 26.80*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 26.80*  | 26.80*  | 18.00*  | 20.00   | 25.00    | 26.80*   | 26.80*   | 26.80*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |         |         | 35.70*   | 31.30*   | 44.70*   | 40.00    | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 26.90*  | 31.10*  | 29.10*  | 26.60*  | 53.70*   | 47.20*   | 44.70*   | 44.70*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 1.80*   | 7.10*   | 7.10*   | 3.70*   | 5.30*    | 5.30*    | 3.70*    | 5.30*    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 15.00   | 10.60*  | 9.00*   | 9.60*   | 16.00*   | 14.70*   | 12.50*   | 15.00    | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 15.00   | 10.60*  | 9.00*   | 9.60*   | 16.00*   | 14.70*   | 12.50*   | 15.00    | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 15.00   | 14.00   | 18.00*  | 15.00   | 20.00    | 18.00*   | 18.00*   | 18.00    | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 20.00   | 20.00   | 20.00   | 12.00*  | 17.40*   | 25.00    | 16.40*   | 16.40*   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 27.70*  | 27.70*  | 27.70*  | 27.70*  | 27.70*   | 27.70*   | 27.70*   | 27.70*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 24.10*  | 19.40*  | 14.25*  | 15.10*  | 25.00    | 25.00    | 20.20*   | 25.00    | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |         |         |         | 23.50*   | 21.20*   | 17.40*   | 24.00*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 22.80*  | 23.75*  | 18.80*  | 21.20*  | 35.00    | 35.00    | 28.30*   | 35.00    | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |         |         | 20.60*   | 14.60*   | 18.10*   | 19.50*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 17.00   | 15.00   | 12.50*  | 14.00   | 18.00*   | 18.00*   | 18.00*   | 17.00    | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 35.70*  | 26.80*  | 26.80*  | 26.80*  | 53.70*   | 35.70*   | 35.70*   | 35.70*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         |         |         | 50.00    | 54.00    | 45.00    | 40.00    | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 65.00   | 69.10*  | 45.20*  | 45.00   | 65.00    | 71.60*   | 60.00    | 53.70*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 12.50*  | 12.50*  | 12.50*  | 10.70*  | 14.25*   | 14.25*   | 14.25*   | 14.25*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 18.00*  | 20.00   | 18.00   | 18.00*  | 27.50    | 18.00*   | 25.00    | 25.00    | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 18.00*  | 20.00   | 18.00   | 18.00*  | 27.50    | 18.00*   | 25.00    | 25.00    | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         |         |         | 30.00    | 27.60*   | 25.00    | 30.00    | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |         |         |         | 100.00   | 100.00   | 100.00   | 100.00   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         |         |         | 100.00   | 100.00   | 100.00   | 100.00   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |         |         |         | 100.00   | 100.00   | 100.00   | 100.00   | 25 |
| 26 LIMITED CONSULTATION          | 35.70*  | 44.70*  | 40.30*  | 44.70*  | 44.70*   | 21.50*   | 40.30*   | 44.70*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         |         |         |         | 44.70*   | 26.80*   | 44.70*   | 44.70*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |         |         |         | 62.60*   | 44.70*   | 44.70*   | 53.70*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |         |         |         | 35.00    | 44.70*   | 35.70*   | 26.80*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |         |         |         | 30.30*   | 21.50*   | 18.60*   | 25.80*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 20.00   | 12.00   | 14.00   | 13.00   | 20.00    | 12.00    | 14.00    | 12.00    | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |         |         |         | 20.00    | 20.00    | 20.00    | 20.00    | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |         |         |         | 14.25*   | 14.25*   | 12.50*   | 12.50*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 26.80*  | 22.00   | 20.00   | 25.00   | 26.80*   | 25.00    | 20.00    | 26.80*   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 7.20*   | 9.70*   | 10.00   | 9.00*   | 10.00    | 10.00    | 10.00    | 10.00    | 35 |
| 36 SPIROMETRY                    |         |         |         |         | 25.00    | 30.00    | 30.00    | 20.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |         |         |         | 50.40*   | 35.00*   | 39.10*   | 53.70*   | 37 |
| 38 CHEMOTHERAPY                  |         |         |         |         | 25.00    | 18.10*   | 22.70*   | 15.00    | 38 |
| 39 COLLECTION OF SPECIMENS       |         |         |         |         | 4.00     | 9.00     | 6.00     | 3.00     | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |         |         |         | 26.20*   | 25.40*   | 25.10*   | 23.00*   | 40 |
| 41 SKIN BIOPSY                   |         |         |         |         | 44.70*   | 44.70*   | 26.80*   | 60.00    | 41 |
| 42 CHEMOCAUTERY                  |         |         |         |         | 69.60*   | 63.90*   | 75.00    | 75.00    | 42 |
| 43 RADICAL MASTECTOMY            |         |         |         |         | 723.50*  | 537.00*  | 492.30*  | 716.00*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |         |         |         | 990.00   | 805.40*  | 626.40*  | 1074.00* | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 21.40*  | 14.60*  | 18.00*  | 7.10*   | 18.00*   | 14.25*   | 21.70*   | 25.00    | 45 |
| 46 CORONARY ARTERY BYPASS        |         |         |         |         | 2734.70* | 2562.10* | 2216.90* | 2415.50* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         |         |         | 1984.00* | 1973.00  | 1441.20* | 2000.00  | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |         |         |         | 40.00    | 40.00    | 40.00    | 40.00    | 48 |
| 49 BRONCHOSCOPY                  |         |         |         |         | 223.70*  | 268.40*  | 134.30*  | 179.00*  | 49 |
| 50 THORACENTESIS                 |         |         |         |         | 44.70*   | 71.60*   | 55.80*   | 62.60*   | 50 |
| 51 CATHETERIZATION OF HEART      |         |         |         |         | 450.00   | 352.20*  | 450.00   | 364.80*  | 51 |
| 52 INSERTION OF PACEMAKER        |         |         |         |         | 1342.00  | 1318.90* | 1307.40* | 1195.90* | 52 |
| 53 PARTIAL COLECTOMY             |         |         |         |         | 1060.00  | 900.00   | 716.00*  | 760.70*  | 53 |
| 54 APPENDECTOMY                  | 521.00* | 521.00* | 521.00* | 521.00* | 537.00*  | 537.00*  | 447.40*  | 447.40*  | 54 |
| 55 SIGMOIDOSCOPY                 |         |         |         |         | 44.70*   | 30.40*   | 44.70*   | 26.80*   | 55 |

1982 PREVAILING CHARGE SUMMARY DATA E.O.S. FEDERAL CORPORATION  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ILLINOIS  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 09      | 10      | 11      | 12      | 09       | 10       | 11       | 12       |     |
|----------------------------------|---------|---------|---------|---------|----------|----------|----------|----------|-----|
| 56 HEMORRHOIDECTOMY              |         |         |         |         | 429.40*  | 450.00   | 313.30*  | 313.30*  | 56  |
| 57 CHOLECYSTECTOMY               |         |         |         |         | 850.00   | 725.00   | 716.00*  | 716.00*  | 57  |
| 58 REPAIR HERNIA                 |         |         |         |         | 447.40*  | 447.40*  | 402.70*  | 429.40*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 60.00   | 65.00*  | 65.00*  | 65.00*  | 53.70*   | 44.70*   | 62.60*   | 62.60*   | 59  |
| 60 DILATION OF URETHRA           |         |         |         |         | 9.00*    | 18.00*   | 18.00    | 20.00    | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         |         |         |         | 805.40*  | 984.40*  | 895.00*  | 895.00*  | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 893.90* | 892.90* | 992.20* | 800.30* | 725.00   | 791.90*  | 777.90*  | 866.10*  | 62  |
| 63 HYSTERECTOMY                  |         |         |         |         | 760.70*  | 895.00*  | 716.00*  | 805.40*  | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |         |         |         | 20.00    | 29.80*   | 30.00    | 16.70*   | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |         |         |         | 40.00    | 36.40*   | 25.00    | 22.90*   | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |         |         |         | 25.00    | 25.00    | 25.00    | 25.00    | 66  |
| 67 EXTRACTION OF LENS            | 868.10* | 868.10* | 868.10* | 868.10* | 716.00*  | 716.00*  | 850.20*  | 823.40*  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 22.50*  | 18.00*  | 18.00*  | 20.00   | 26.80*   | 11.00    | 15.00    | 8.00     | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 26.80*  | 26.80*  | 18.00*  | 26.80*  | 26.80*   | 26.80*   | 22.70*   | 26.80*   | 69  |
| 70 X-RAY SPINE                   |         |         |         |         | 35.70*   | 44.70*   | 35.70*   | 40.00    | 70  |
| 71 X-RAY HIP                     |         |         |         |         | 26.80*   | 26.80*   | 24.40*   | 25.00    | 71  |
| 72 X-RAY UPPER GI TRACT          | 52.60*  | 53.90*  | 55.10*  | 63.40*  | 64.30*   | 55.00    | 44.70*   | 18.00*   | 72  |
| 73 X-RAY COLON                   |         |         |         |         | 60.00    | 62.60*   | 49.80*   | 53.70*   | 73  |
| 74 RAOIATION THERAPY-LOW VOLT    | 23.00   | 23.00   | 23.00   | 23.00   | 17.10    | 17.10    | 17.10    | 17.90    | 74  |
| 75 RAOIATION THERAPY-SUPER VOLT  | 31.00   | 31.00   | 31.00   | 31.00   | 21.70    | 21.70    | 21.70    | 9.00     | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         |         |         |         | 21.70    | 21.70    | 21.70    | 9.00     | 76  |
| 77 CAT SCAN - HEAO               |         |         |         |         | 237.00   | 237.00   | 237.00   | 237.00   | 77  |
| 78 CAT SCAN - ABOOMEN            |         |         |         |         | 300.00   | 300.00   | 300.00   | 300.00   | 78  |
| 79 THREE CHEMISTRY TESTS         |         |         |         |         | 18.00    | 22.00    | 26.75    | 21.00    | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |         |         |         | 27.00    | 25.00    | 40.00    | 20.00    | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         |         |         |         | 19.00    | 17.00    | 20.00    | 20.00    | 81  |
| 82 HEMOGLOBIN                    |         |         |         |         | 3.00L    | 3.00L    | 3.00L    | 3.00L    | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |         |         |         | 10.00    | 9.00     | 12.00    | 9.00     | 83  |
| 84 WHITE CELL COUNT              |         |         |         |         | 3.30L    | 3.00     | 3.30L    | 3.30L    | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |         |         |         |          |          |          |          | 85  |
| 86 CHOLESTEROL TEST              |         |         |         |         | 6.00L    | 6.00L    | 6.00L    | 6.00L    | 86  |
| 87 FLOCCULATION TEST             |         |         |         |         |          |          |          |          | 87  |
| 88 HEMATOCRIT                    |         |         |         |         | 3.00L    | 3.00L    | 3.00L    | 3.00L    | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |         |         |         | 6.00     | 8.00     | 9.00     | 5.00     | 89  |
| 90 POTASSIUM TEST - BLOOD        |         |         |         |         | 6.00     | 7.00     | 9.00     | 5.00     | 90  |
| 91 PROTHROMBIN TIME TEST         |         |         |         |         | 5.80L    | 5.80L    | 5.80L    | 5.80L    | 91  |
| 92 SEDIMENTATION RATE            |         |         |         |         | 5.00     | 5.00L    | 5.00L    | 5.00L    | 92  |
| 93 BLOOD SUGAR                   |         |         |         |         | 6.00L    | 6.00L    | 6.00L    | 6.00L    | 93  |
| 94 BUN-UREA - NITROGEN           |         |         |         |         | 6.60L    | 6.60L    | 6.60L    | 6.50     | 94  |
| 95 URIC ACID                     |         |         |         |         | 6.50L    | 6.50L    | 6.50L    | 6.50L    | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |         |         |         |         | 5.00     | 6.00     | 4.00     | 5.00     | 96  |
| 97 PAP TEST                      |         |         |         |         | 8.00L    | 8.00     | 8.00L    | 8.00     | 97  |
| 98 ROUTINE URINALYSIS            |         |         |         |         | 4.00L    | 4.00L    | 4.00L    | 4.00L    | 98  |
| 99 CHEMICAL URINALYSIS           |         |         |         |         | 9.00     | 9.00     | 1.00     | 3.50     | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |         |         |         | 27.00    | 20.00    | 25.00    | 26.70    | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |         |         |         | 25.00    | 25.00    | 25.00    | 25.00    | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |         |         |         | 1170.00  | 1000.00  | 760.00   | 1150.00  | 102 |
| 103 KIDNEY TRANSPLANT            |         |         |         |         | 2352.90* | 2351.40* | 2442.80* | 2421.20* | 103 |
| 104 HOSPITAL BED - RENTAL        |         |         |         |         | 49.50L   | 49.50L   | 49.50L   | 48.00    | 104 |
| 105 WALKER - RENTAL              |         |         |         |         | 28.20    | 28.20    | 28.20    | 12.00    | 105 |
| 106 WHEELCHAIR - RENTAL          |         |         |         |         | 29.00L   | 26.80    | 28.80    | 25.00    | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         |         |         |         | 38.00    | 38.00    | 38.00    | 38.00    | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |         |         |         | 390.20L  | 390.20L  | 390.20L  | 390.20L  | 108 |
| 109 WALKER - PURCHASE            |         |         |         |         | 57.98    | 57.98    | 57.98    | 57.98    | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |         |         |         | 224.70L  | 224.70L  | 224.70L  | 224.70L  | 110 |



1982 PREVAILING CHARGE SUMMARY DATA E.O.S. FEDERAL CORPORATION  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ILLINOIS  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 13      | 14      | 15      | 16     | 13       | 14       | 15       | 16       |    |
|----------------------------------|---------|---------|---------|--------|----------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |         |         |        | 20.00    | 20.00    | 35.00    | 18.00*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 21.50*  | 18.00*  | 25.00   | 25.00  | 20.00    | 20.00    | 35.00    | 18.00*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |         |        | 35.70*   | 43.00*   | 44.70*   | 53.70*   | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 35.00   | 35.00   | 26.80*  | 35.00  | 18.00*   | 71.60*   | 60.00    | 36.30*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 5.30*   | 3.70*   | 15.10*  | 12.80* | 7.10*    | 3.70*    | 7.10*    | 15.00    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 15.00   | 10.70*  | 17.00   | 16.00  | 14.00    | 16.00    | 15.50*   | 20.00    | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 15.00   | 10.70*  | 17.00   | 16.00  | 14.00    | 16.00    | 15.50*   | 20.00    | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 18.00*  | 15.00   | 17.00   | 20.00  | 17.00    | 16.00    | 21.00    | 25.00    | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 20.00   | 15.00   | 20.00   | 20.00  | 17.00    | 17.00    | 20.00    | 25.00    | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 27.70*  | 27.70*  | 27.70*  | 34.00* | 27.70*   | 27.70*   | 27.70*   | 44.70*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 20.00   | 15.80*  | 27.50*  | 25.00  | 26.60*   | 19.50*   | 24.20*   | 30.00    | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |         |         |        | 20.50*   | 21.60*   | 21.10*   | 25.00    | 12 |
| 13 INTERMDIATE F/U HOME VISIT    | 26.30*  | 25.60*  | 27.40*  | 30.00  | 31.00*   | 34.10*   | 33.90*   | 40.00    | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |         |        | 17.70*   | 17.40*   | 19.75*   | 26.80*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 14.00   | 10.70*  | 20.00   | 14.10* | 12.50*   | 14.25*   | 20.00    | 18.00*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 40.00   | 35.70*  | 44.70*  | 44.70* | 35.70*   | 35.70*   | 53.70*   | 62.60*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         |         |        | 60.00    | 40.00    | 75.00    | 65.00    | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 45.00   | 50.00   | 60.00   | 60.00  | 71.60*   | 60.00    | 75.00    | 80.00    | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 17.00   | 10.70*  | 18.00*  | 18.00* | 18.00    | 10.70*   | 18.00*   | 25.00    | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 26.80*  | 20.00   | 26.80*  | 30.00  | 25.00    | 20.00    | 30.00    | 30.00    | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 26.80*  | 20.00   | 26.80*  | 30.00  | 25.00    | 20.00    | 30.00    | 30.00    | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         |         |        | 33.60*   | 23.10*   | 18.00*   | 30.00    | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |         |         |        | 100.00   | 100.00   | 100.00   | 100.00   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         |         |        | 100.00   | 100.00   | 100.00   | 100.00   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |         |         |        | 100.00   | 100.00   | 100.00   | 100.00   | 25 |
| 26 LIMITED CONSULTATION          | 10.70*  | 26.80*  | 18.00*  | 50.00  | 50.00    | 32.20*   | 62.60*   | 62.60*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         |         |         |        | 44.70*   | 50.00    | 62.60*   | 58.40*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |         |         |        | 53.70*   | 71.60*   | 89.60*   | 89.40*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |         |         |        | 44.70*   | 45.00    | 44.70*   | 60.00    | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |         |         |        | 21.60*   | 30.00    | 31.20*   | 35.70*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 12.00   | 15.00   | 15.00   | 17.00  | 12.00    | 15.00    | 15.00    | 17.00    | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |         |         |        | 20.00    | 20.00    | 40.00    | 20.00    | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |         |         |        | 10.70*   | 10.70*   | 17.00    | 17.00    | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 26.80*  | 25.00   | 25.00   | 25.00  | 20.00    | 25.00    | 25.00    | 25.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 9.70*   | 8.20*   | 10.00   | 7.50   | 10.00    | 9.00*    | 10.00    | 7.50     | 35 |
| 36 SPIROMETRY                    |         |         |         |        | 30.00    | 30.00    | 20.00    | 35.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |         |         |        | 27.40*   | 21.50*   | 26.80*   | 50.00    | 37 |
| 38 CHEMOTHERAPY                  |         |         |         |        | 22.00*   | 21.80*   | 28.00    | 25.00    | 38 |
| 39 COLLECTION OF SPECIMENS       |         |         |         |        | 8.50     | 5.00     | 5.00     | 8.00     | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |         |         |        | 26.70*   | 22.80*   | 23.75*   | 23.40*   | 40 |
| 41 SKIN BIOPSY                   |         |         |         |        | 44.70*   | 53.70*   | 44.70*   | 44.70*   | 41 |
| 42 CHEMOCAUTERY                  |         |         |         |        | 68.60*   | 60.70*   | 75.00    | 87.50    | 42 |
| 43 RADICAL MASTECTOMY            |         |         |         |        | 447.40*  | 723.50*  | 895.00*  | 984.40*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |         |         |        | 716.00*  | 859.10*  | 895.00*  | 1342.40* | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 18.00*  | 16.10*  | 35.70*  | 35.00  | 12.50*   | 10.70*   | 35.70*   | 40.00    | 45 |
| 46 CORONARY ARTERY BYPASS        |         |         |         |        | 3095.00* | 2548.50* | 3546.20* | 4338.20* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         |         |        | 2170.40* | 1523.40* | 1789.70* | 2051.80* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |         |         |        | 40.00    | 40.00    | 47.30*   | 40.00    | 48 |
| 49 BRONCHOSCOPY                  |         |         |         |        | 179.00*  | 161.00*  | 250.60*  | 223.70*  | 49 |
| 50 THORACENTESIS                 |         |         |         |        | 44.70*   | 62.60*   | 89.60*   | 89.40*   | 50 |
| 51 CATHETERIZATION OF HEART      |         |         |         |        | 419.50*  | 426.90*  | 450.00   | 375.00   | 51 |
| 52 INSERTION OF PACEMAKER        |         |         |         |        | 1342.00  | 1186.70* | 1232.60* | 1223.00* | 52 |
| 53 PARTIAL COLECTOMY             |         |         |         |        | 1074.00* | 805.40*  | 1208.10* | 1342.40* | 53 |
| 54 APPENDECTOMY                  | 521.00* | 521.00* | 521.00* | 550.00 | 537.00*  | 358.00*  | 550.00   | 550.00   | 54 |
| 55 SIGMOIDOSCOPY                 |         |         |         |        | 35.00    | 35.70*   | 44.70*   | 42.50*   | 55 |

1982 PREVAILING CHARGE SUMMARY DATA E.O.S. FEDERAL CORPORATION  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ILLINOIS  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 13       | 14      | 15      | 16      | 13       | 14       | 15       | 16       |     |
|----------------------------------|----------|---------|---------|---------|----------|----------|----------|----------|-----|
| 56 HEMORRHOIOECTOMY              |          |         |         |         | 313.30*  | 322.30*  | 447.40*  | 510.00   | 56  |
| 57 CHOLECYSTECTOMY               |          |         |         |         | 716.00*  | 698.00*  | 895.00*  | 895.00*  | 57  |
| 58 REPAIR HERNIA                 |          |         |         |         | 447.40*  | 358.00*  | 537.00*  | 537.00*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 65.00*   | 65.00*  | 65.00*  | 71.60*  | 62.60*   | 53.70*   | 80.00    | 71.60*   | 59  |
| 60 DILATION OF URETHRA           |          |         |         |         | 18.00*   | 10.70*   | 18.00*   | 20.00    | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |          |         |         |         | 716.00*  | 903.80*  | 1000.00  | 1100.00  | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 1190.80* | 891.10* | 1200.00 | 895.00* | 928.80*  | 698.00*  | 852.00*  | 1000.00  | 62  |
| 63 HYSTERECTOMY                  |          |         |         |         | 716.00*  | 859.10*  | 1029.10* | 1074.00* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |          |         |         |         | 18.90*   | 20.00*   | 36.00    | 35.70*   | 64  |
| 65 COMPREHENSIVE EYE EXAM        |          |         |         |         | 20.40*   | 24.60*   | 40.00    | 38.00    | 65  |
| 66 EYE EXAM WITH TONOMETRY       |          |         |         |         | 25.00    | 25.00    | 20.00    | 17.10*   | 66  |
| 67 EXTRACTION OF LENS            | 868.10*  | 868.10* | 868.10* | 1000.00 | 805.40*  | 716.00*  | 984.40*  | 1074.00* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 18.00*   | 22.50   | 30.00   | 23.75*  | 15.00    | 15.00    | 12.00    | 15.00    | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 18.00*   | 26.80*  | 28.60*  | 28.60*  | 32.00    | 32.00    | 32.00    | 31.00    | 69  |
| 70 X-RAY SPINE                   |          |         |         |         | 39.40*   | 47.30*   | 44.70*   | 55.00    | 70  |
| 71 X-RAY HIP                     |          |         |         |         | 28.60*   | 34.00    | 26.80*   | 35.00    | 71  |
| 72 X-RAY UPPER GI TRACT          | 45.50*   | 62.60*  | 53.70*  | 62.60*  | 18.00*   | 65.00    | 53.70*   | 65.00    | 72  |
| 73 X-RAY COLON                   |          |         |         |         | 53.70*   | 60.00    | 53.70*   | 60.00    | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 23.00    | 23.00   | 23.00   | 28.20   | 17.10    | 17.90    | 26.70    | 28.20    | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  | 31.00    | 31.00   | 31.00   | 28.20   | 21.70    | 21.70    | 13.50    |          | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |          |         |         |         | 21.70    | 21.70    | 13.50    | 28.20    | 76  |
| 77 CAT SCAN - HEAD               |          |         |         |         | 237.00   | 237.00   | 237.00   | 237.00   | 77  |
| 78 CAT SCAN - ABOOMEN            |          |         |         |         | 300.00   | 300.00   | 300.00   | 300.00   | 78  |
| 79 THREE CHEMISTRY TESTS         |          |         |         |         | 40.00    | 28.00    | 30.00    | 25.00    | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |          |         |         |         | 30.00    | 38.50    | 30.00    | 30.00    | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |          |         |         |         | 15.00    | 44.00    | 25.00    | 25.00    | 81  |
| 82 HEMOGLOBIN                    |          |         |         |         | 3.00L    | 3.00L    | 3.00L    | 3.00L    | 82  |
| 83 AUTOMATED BLOOD COUNT         |          |         |         |         | 12.00    | 14.00    | 12.00    | 12.00    | 83  |
| 84 WHITE CELL COUNT              |          |         |         |         | 3.30     | 3.30L    | 3.30L    | 3.30L    | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |          |         |         |         |          |          |          |          | 85  |
| 86 CHOLESTEROL TEST              |          |         |         |         | 6.00L    | 6.00L    | 6.00L    | 6.00L    | 86  |
| 87 FLOCCULATION TEST             |          |         |         |         |          |          |          |          | 87  |
| 88 HEMATOCRIT                    |          |         |         |         | 3.00L    | 3.00L    | 3.00L    | 3.00L    | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |          |         |         |         | 9.00     | 8.00     | 10.00    | 8.00     | 89  |
| 90 POTASSIUM TEST - BLOOD        |          |         |         |         | 8.00     | 10.00    | 10.00    | 8.75     | 90  |
| 91 PROTHROMBIN TIME TEST         |          |         |         |         | 5.80L    | 5.80L    | 5.80L    | 5.80L    | 91  |
| 92 SEDIMENTATION RATE            |          |         |         |         | 5.00     | 5.00L    | 5.00L    | 5.00L    | 92  |
| 93 BLOOD SUGAR                   |          |         |         |         | 6.00L    | 6.00L    | 6.00L    | 6.00L    | 93  |
| 94 BUN-UREA - NITROGEN           |          |         |         |         | 6.60L    | 6.60L    | 6.60L    | 6.60L    | 94  |
| 95 URIC ACID                     |          |         |         |         | 6.50L    | 6.50L    | 6.50L    | 6.50L    | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |          |         |         |         | 3.30     | 6.00     | 6.00     | 6.00     | 96  |
| 97 PAP TEST                      |          |         |         |         | 8.00L    | 8.00L    | 8.00L    | 8.00L    | 97  |
| 98 ROUTINE URINALYSIS            |          |         |         |         | 4.00L    | 4.00L    | 4.00L    | 4.00L    | 98  |
| 99 CHEMICAL URINALYSIS           |          |         |         |         | 3.00     | 3.00     | 4.00     | 9.00     | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |          |         |         |         | 30.00    | 24.00    | 23.00    | 25.00    | 100 |
| 101 ELEC MONITORING-PACEMAKER    |          |         |         |         | 25.00    | 25.00    | 28.50*   | 49.30*   | 101 |
| 102 OONOR NEPHRECTOMY-UNILATERAL |          |         |         |         | 1220.00  | 1070.00  | 1290.00  | 1430.00  | 102 |
| 103 KIDNEY TRANSPLANT            |          |         |         |         | 2386.60* | 2398.30* | 2270.90* | 2800.00  | 103 |
| 104 HOSPITAL BED - RENTAL        |          |         |         |         | 49.50L   | 49.50L   | 49.50L   | 49.50L   | 104 |
| 105 WALKER - RENTAL              |          |         |         |         | 28.20    | 28.20    | 16.00    | 28.20    | 105 |
| 106 WHEELCHAIR - RENTAL          |          |         |         |         | 29.00L   | 29.00L   | 29.00L   | 29.00L   | 106 |
| 107 LIQUID OXYGEN - RENTAL       |          |         |         |         | 38.00    | 38.00    | 38.00    | 50.00    | 107 |
| 108 HOSPITAL BED - PURCHASE      |          |         |         |         | 390.20L  | 390.20L  | 390.20L  | 390.20L  | 108 |
| 109 WALKER - PURCHASE            |          |         |         |         | 57.98    | 57.98    | 54.55    | 59.57    | 109 |
| 110 WHEELCHAIR - PURCHASE        |          |         |         |         | 224.70L  | 224.70L  | 224.70L  | 224.70L  | 110 |



INDIANA

A map of Indiana showing its 92 counties. The counties are labeled with their names. Overlaid on the map are two sets of numbers: '01' and '02'. The '01' numbers are located in the following counties: Porter, Allen, Adams, Delaware, Wayne, Marion, Johnson, Shelby, Bartholomew, Lawrence, Dubois, Gibson, Posey, and Vanderburgh. The '02' numbers are located in the following counties: Lake, Porter, La Porte, St. Joseph, Elkhart, Lagrange, Steuben, Noble, De Kalb, Rosciusko, Whitley, Jasper, Pulaski, Fulton, Wabash, Huntington, Wells, Adams, White, Cass, Miami, Grant, Blackford, Jay, Carroll, Howard, Grant, Tippecanoe, Clinton, Tipton, Madison, Randolph, Montgomery, Boone, Hamilton, Henry, Wayne, Hendricks, Marion, Hancock, Rush, Fayette, Union, Putnam, Morgan, Johnson, Shelby, Bartholomew, Decatur, Franklin, Dearborn, Ohio, Brown, Monroe, Sullivan, Vigo, Clay, Owen, Greene, Jennings, Ripley, Switzerland, Knox, Daviess, Martin, Lawrence, Jackson, Jefferson, Scott, Clark, Gibson, Pike, Dubois, Crawford, Harrison, Floyd, Posey, Vanderburgh, Warrick, Spencer, and Perry.

01 - Metropolitan  
02 - Urban  
03 - Rural

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1982 PREVAILING CHARGE SUMMARY DATA      MUTUAL MEDICAL INSURANCE  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

INDIANA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | REG 01  | REG 02  | REG 03  | REG 01   | REG 02   | REG 03   |    |
|----------------------------------|---------|---------|---------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |         |         | 17.90*   | 14.30*   | 12.50*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 19.70*  | 17.90*  | 15.00   | 21.50*   | 16.50    | 15.00    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |         | 53.70*   | 21.50*   | 24.00    | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 25.00   | 35.00   | 30.00   | 62.70*   | 53.70*   | 50.00    | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 14.30*  | 12.50*  | 10.70*  | 17.90*   | 14.30*   | 12.50*   | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 14.30*  | 12.50*  | 10.70*  | 17.90*   | 14.30*   | 12.50*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 19.70*  | 17.90*  | 15.00   | 21.50*   | 16.50    | 15.00    | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 19.70*  | 17.90*  | 15.00   | 21.50*   | 16.50    | 15.00    | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 19.70*  | 17.90*  | 17.90*  | 53.70*   | 21.50*   | 24.00    | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 25.00   | 35.00   | 30.00   | 62.70*   | 53.70*   | 50.00    | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 21.50*  | 20.00   | 17.90*  | 17.90*   | 21.50*   | 10.70*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |         |         | 23.30*   | 23.30*   | 23.30*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 26.90*  | 21.50*  | 21.00   | 23.30*   | 23.30*   | 23.30*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |         | 26.90*   | 16.00    | 17.90*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 17.90*  | 17.90*  | 15.00   | 25.00    | 17.90*   | 17.90*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 44.75*  | 44.75*  | 35.80*  | 71.60*   | 62.70*   | 44.75*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         |         | 71.60*   | 62.70*   | 44.75*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 44.75*  | 44.75*  | 35.80*  | 71.60*   | 62.70*   | 44.75*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 14.30*  | 12.50*  | 10.70*  | 17.90*   | 14.30*   | 12.50*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 14.30*  | 12.50*  | 10.70*  | 17.90*   | 14.30*   | 12.50*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 17.90*  | 26.90*  | 17.90*  | 26.90*   | 26.90*   | 30.00    | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         |         |          |          |          | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |         |         | 17.90*   | 14.30*   | 12.50*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         |         | 26.90*   | 17.90*   | 17.90*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |         |         | 51.70*   | 51.70*   | 51.70*   | 25 |
| 26 LIMITED CONSULTATION          |         |         |         |          |          |          | 26 |
| 27 EXTENSIVE CONSULTATION        |         |         |         | 80.00    | 62.70*   | 62.70*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |         |         | 75.00    | 64.80*   | 63.70*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |         |         | 44.75*   | 53.70*   | 50.00    | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |         |         | 32.20*   | 34.00*   | 26.90*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |         |         |         | 12.50*   | 12.50*   | 12.00    | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |         |         | 10.50    | 10.70*   | 16.00    | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |         |         | 14.30*   | 14.30*   | 15.00    | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       |         |         |         | 25.00    | 25.00    | 25.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 14.30*P | 14.30*P | 14.30*P | 14.30*P  | 14.30*P  | 14.30*P  | 35 |
| 36 SPIROMETRY                    |         |         |         |          |          |          | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |         |         | 50.00 P  | 62.70*P  | 60.00 P  | 37 |
| 38 CHEMOTHERAPY                  |         |         |         |          |          |          | 38 |
| 39 COLLECTION OF SPECIMENS       |         |         |         | 9.00     | 5.00     | 6.00     | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |         |         | 17.90*   | 17.90*   | 14.30*   | 40 |
| 41 SKIN BIOPSY                   |         |         |         | 35.00    | 30.00    | 35.00    | 41 |
| 42 CHEMOCAUTERY                  |         |         |         | 27.20*   | 25.00    | 32.00*   | 42 |
| 43 RADICAL MASTECTOMY            |         |         |         | 626.50*  | 626.50*  | 626.50*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |         |         | 895.00*  | 805.50*  | 895.00*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 35.00   | 26.90*  | 20.00   | 35.00    | 25.00    | 26.90*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         |         |         | 3595.90* | 3595.90* | 2591.00* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         |         | 2148.00* | 1790.00* | 1790.00* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |         |         | 25.00    | 25.00    | 25.00    | 48 |
| 49 BRONCHOSCOPY                  |         |         |         | 179.00*  | 134.25*  | 179.00*  | 49 |
| 50 THORACENTESIS                 |         |         |         | 44.75*   | 44.75*   | 44.75*   | 50 |
| 51 CATHETERIZATION OF HEART      |         |         |         | 483.30*  | 580.00*  | 580.00*  | 51 |
| 52 INSERTION OF PACEMAKER        |         |         |         | 823.40*  | 895.00*  | 823.40*  | 52 |
| 53 PARTIAL COLECTOMY             |         |         |         | 895.00*  | 805.50*  | 716.00*  | 53 |
| 54 APPENDECTOMY                  |         |         |         | 447.50*  | 402.75*  | 313.25*  | 54 |
| 55 SIGMOIDOSCOPY                 |         |         |         | 44.75*   | 36.00    | 35.80*   | 55 |

1982 PREVAILING CHARGE SUMMARY DATA MUTUAL MEDICAL INSURANCE  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

INDIANA  
LOCALITY DESIGNATION FOR SPECIALIST

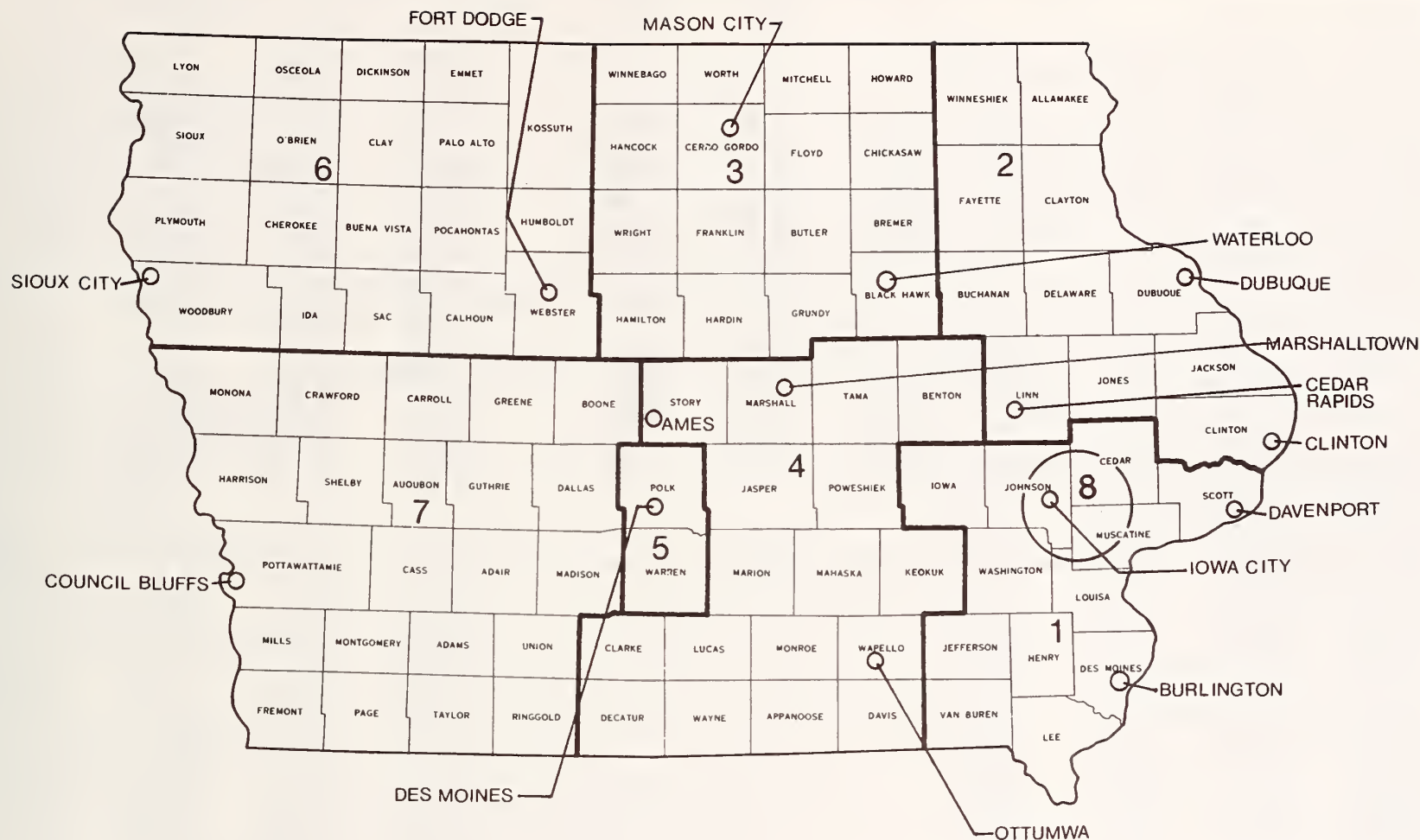
| PROCEDURE DESCRIPTION               | REG 01 | REG 02 | REG 03 | REG 01  | REG 02  | REG 03   |     |
|-------------------------------------|--------|--------|--------|---------|---------|----------|-----|
| 56 HEMDRRHIDECTOMY                  |        |        |        | 447.50* | 313.25* | 400.00   | 56  |
| 57 CHDLECYSTECTOMY                  |        |        |        | 716.00* | 626.50* | 581.75*  | 57  |
| 58 REPAIR HERNIA                    |        |        |        | 447.50* | 358.00* | 358.00*  | 58  |
| 59 DIAGNOSTIC CYSTDURETHROSCOPY     |        |        |        | 62.70*  | 71.60*  | 62.70*   | 59  |
| 60 DILATION OF URETHRA              |        |        |        | 17.90*  | 12.50*  | 17.90*   | 60  |
| 61 PRDSTATECTOMY - SUPRAPUBIC       |        |        |        | 895.00* | 716.00* | 859.20*  | 61  |
| 62 ELECTROSECTION-PRDSTATE (TUR)    |        |        |        | 859.20* | 859.20* | 859.20*  | 62  |
| 63 HYSTERECTOMY                     |        |        |        | 805.50* | 716.00* | 805.50*  | 63  |
| 64 INITIAL COMPLETE EYE EXAM        |        |        |        | 30.00   | 26.90*  | 28.00    | 64  |
| 65 COMPREHENSIVE EYE EXAM           |        |        |        |         |         |          | 65  |
| 66 EYE EXAM WITH TONOMETRY          |        |        |        |         |         |          | 66  |
| 67 EXTRACTION OF LENS               |        |        |        | 895.00* | 716.00* | 760.75*  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW        | 26.90* | 17.90* | 17.90* | 26.50   | 17.90*  | 17.90*   | 68  |
| 69 CHEST X-RAY - TWD VIEWS          | 26.90* | 26.90* | 26.90* | 26.90*  | 26.90*  | 26.90*   | 69  |
| 70 X-RAY SPINE                      |        |        |        | 35.25   | 35.80*  | 35.25    | 70  |
| 71 X-RAY HIP                        |        |        |        | 26.90*  | 27.00   | 26.90*   | 71  |
| 72 X-RAY UPPER GI TRACT             | 53.70* | 53.70* | 44.75* | 62.70*  | 53.70*  | 44.75*   | 72  |
| 73 X-RAY COLON                      |        |        |        | 53.70*  | 53.70*  | 50.00    | 73  |
| 74 RADIATION THERAPY-LDW VDLT       |        |        |        | 26.90*  | 25.00   | 16.10*   | 74  |
| 75 RADIATION THERAPY-SUPER VDLT     |        |        |        | 24.00   | 25.10*  | 16.10*   | 75  |
| 76 RADIATION THERAPY-MEGA VDLT      |        |        |        | 20.00   | 20.00   | 20.00    | 76  |
| 77 CAT SCAN - HEAD                  |        |        |        | 300.00  | 300.00  | 300.00   | 77  |
| 78 CAT SCAN - ABDOMEN               |        |        |        | 231.60* | 231.60* | 231.60*  | 78  |
| 79 THREE CHEMISTRY TESTS            |        |        |        |         |         |          | 79  |
| 80 NINETEEN CHEMISTRY TESTS         |        |        |        |         |         |          | 80  |
| 81 CULTURE - OTHER THAN BLOOD       |        |        |        | 16.00   | 12.00   | 14.00    | 81  |
| 82 HEMOGLOBIN                       |        |        |        | 5.00    | 4.60    | 4.00     | 82  |
| 83 AUTOMATED BLOOD COUNT            |        |        |        |         |         |          | 83  |
| 84 WHITE CELL COUNT                 |        |        |        | 3.00L   | 3.00L   | 3.00L    | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)       |        |        |        | 8.00L   | 8.00L   | 8.00L    | 85  |
| 86 CHOLESTEROL TEST                 |        |        |        | 6.00L   | 6.00L   | 6.00L    | 86  |
| 87 FLOCCULATION TEST                |        |        |        | 6.50    | 5.00    | 7.00     | 87  |
| 88 HEMATOCRIT                       |        |        |        | 3.00L   | 3.00L   | 3.00L    | 88  |
| 89 PLATELET COUNT (REES-ECKER)      |        |        |        | 9.00    | 7.00    | 9.00     | 89  |
| 90 POTASSIUM TEST - BLOOD           |        |        |        | 8.00    | 7.00    | 11.00    | 90  |
| 91 PROTHROMBIN TIME TEST            |        |        |        | 5.20L   | 5.20L   | 5.20L    | 91  |
| 92 SEDIMENTATION RATE               |        |        |        | 4.00L   | 4.00L   | 4.00L    | 92  |
| 93 BLOOD SUGAR                      |        |        |        | 5.00L   | 5.00L   | 5.00L    | 93  |
| 94 BUN-UREA - NITROGEN              |        |        |        | 6.00L   | 6.00L   | 6.00L    | 94  |
| 95 URIC ACID                        |        |        |        | 6.00L   | 6.00L   | 6.00L    | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING     |        |        |        | 4.00    | 5.00    | 6.00     | 96  |
| 97 PAP TEST                         |        |        |        | 6.30L   | 6.30L   | 6.30L    | 97  |
| 98 ROUTINE URINALYSIS               |        |        |        | 3.50L   | 3.50L   | 3.50L    | 98  |
| 99 CHEMICAL URINALYSIS              |        |        |        |         |         |          | 99  |
| 100 PATHOLOGY - THREE SPECIMENS     |        |        |        | 25.00   | 23.00   | 31.50    | 100 |
| 101 ELECTRONIC MONITORING-PACEMAKER |        |        |        | 25.00   | 26.50   | 30.00    | 101 |
| 102 DENDRONEPHRECTOMY-UNILATERAL    |        |        |        |         |         |          | 102 |
| 103 KIDNEY TRANSPLANT               |        |        |        | 2000.00 | 2000.00 | 1876.50* | 103 |
| 104 HOSPITAL BED - RENTAL           |        |        |        | 49.00L  | 49.00L  | 49.00L   | 104 |
| 105 WALKER - RENTAL                 |        |        |        | 12.00   | 12.90   | 17.00    | 105 |
| 106 WHEELCHAIR - RENTAL             |        |        |        | 24.54L  | 24.54L  | 24.54L   | 106 |
| 107 LIQUID OXYGEN - RENTAL          |        |        |        |         |         |          | 107 |
| 108 HOSPITAL BED - PURCHASE         |        |        |        | 467.00L | 467.00L | 467.00L  | 108 |
| 109 WALKER - PURCHASE               |        |        |        | 48.30   | 47.70   | 58.00    | 109 |
| 110 WHEELCHAIR - PURCHASE           |        |        |        | 251.00L | 251.00L | 251.00L  | 110 |





IOWA

# IOWA



## Eight Localities:

- 01 - Lee, Van Buren, Des Moines, Henry, Jefferson, Louisa, Washington, Muscatine, Johnson (excluding Iowa City), Iowa, Edar & Scott Counties
- 02 - Clinton, Jackson, Jones, Linn, Buchanan, Delaward, Dubuque, Clayton, Fayette, alamakee & Winneshiek Counties
- 03 - Black Hawk, Grundy, Hardin, Hamilton, Wright, Cerro Gordo, Floyd, Chickasaw, Howard, Mitchell, Worth, Winnebago, Hancock, Franklin, Butler & Brenner
- 04 - Denton, Tanna, Marshall, Story, Casper, Paweshiek, Keokuk, Mahaska, Marion, Wapello, Monroe, Lucas, Clarke, Davis Appanoose, Decator Counties

05 - Polk & Warren Counties

06 - Kossuth, Humboldt, Webster, Calhoun, Pocahontas, Palo Alto, Emmet, Dickinson, Bueno Vista, Clay, Sac, Ida, Woodbury, Cherokee, Plymouth, O'Brien, Souix, Lyon & Osaelola Counties

07 - Monora, Crawford, Caroll, Greene, Boone, Harrison, Shelby, Audubon, Guthrie, Dallas, Madison, Adair, Cass, Pottawattamie, Mills, Montgomery, Adams, Union, Fremont, Page, Taylor, & Ringold Counties

08 - Iowa City (Includes the University of Iowa hospital. The city limits are the boundaries of the locality.)

1982 PREVAILING CHARGE SUMMARY DATA B/S OF IOWA  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

IOWA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEURE DESCRIPTION             | 01     | 02     | 03     | 04     | 01       | 02       | 03       | 04       |    |
|----------------------------------|--------|--------|--------|--------|----------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |        |        |        |        | 12.50*   | 10.70*   | 10.70*   | 10.70*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 26.90* | 26.90* | 26.90* | 26.90* | 26.90*   | 26.90*   | 26.90*   | 33.00    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |        |        |        |        | 20.00    | 17.90*   | 17.90*   | 17.90*   | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 50.40* | 35.80* | 26.90* | 30.00  | 44.75*   | 45.50    | 26.90*   | 44.75*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 4.00   | 4.00   | 5.00   | 5.00   | 4.50     | 5.00     | 6.00     | 4.00     | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 10.70* | 10.70* | 10.70* | 9.00*  | 12.50*   | 10.70*   | 10.70*   | 10.70*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 19.00  | 15.00  | 15.00  | 17.00  | 20.00    | 17.90*   | 17.90*   | 17.90*   | 7  |
| 8 INTERMED F/U OFFICE VISIT      | 19.00  | 15.00  | 15.00  | 17.00  | 20.00    | 17.90*   | 17.90*   | 17.90*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 26.90* | 26.90* | 26.90* | 26.90* | 26.90*   | 26.90*   | 26.90*   | 33.00    | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 50.40* | 35.80* | 26.90* | 30.00  | 44.75*   | 45.50    | 26.90*   | 44.75*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 17.90* | 17.90* | 16.10* | 17.90* | 17.90*   | 17.90*   | 17.90*   | 17.90*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |        |        |        |        | 26.90*   | 22.40*   | 22.40*   | 19.60*   | 12 |
| 13 INTERMED F/U HOME VISIT       | 17.90* | 17.90* | 16.10* | 17.90* | 17.90*   | 17.90*   | 17.90*   | 17.90*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |        |        |        |        | 14.00*   | 14.00*   | 14.00*   | 14.00*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 10.70* | 10.70* | 10.70* | 9.00*  | 12.50*   | 10.70*   | 10.70*   | 10.70*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 10.70* | 10.70* | 10.70* | 12.50* | 12.50*   | 12.50*   | 13.40*   | 12.50*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |        |        |        |        | 44.75*   | 35.80*   | 44.75*   | 35.80*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 26.90* | 35.80* | 35.80* | 34.00* | 44.75*   | 35.80*   | 44.75*   | 35.80*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 10.70* | 10.70* | 10.70* | 12.50* | 12.50*   | 12.50*   | 13.40*   | 12.50*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 20.00  | 12.50* | 17.90* | 17.90* | 21.50*   | 16.10*   | 17.90*   | 17.90*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 20.00  | 12.50* | 17.90* | 17.90* | 21.50*   | 16.10*   | 17.90*   | 17.90*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |        |        |        |        | 21.50*   | 16.10*   | 17.90*   | 17.90*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |        |        |        |        |          |          |          |          | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |        |        |        |        | 17.90*   | 27.00    |          | 9.80*    | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |        |        |        |        | 38.70*   | 39.00*   | 41.40*   | 40.20*   | 25 |
| 26 LIMITED CONSULTATION          | 44.75  | 44.75  | 44.75  | 40.00  | 44.75    | 53.70    | 44.75    | 44.75    | 26 |
| 27 EXTENSIVE CONSULTATION        |        |        |        |        | 70.00    | 60.00    | 60.00    | 60.00    | 27 |
| 28 COMPREHENSIVE CONSULTATION    |        |        |        |        | 71.60    | 70.00    | 71.60    | 89.50    | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |        |        |        |        | 71.60    | 68.00    | 64.40    | 64.40    | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |        |        |        |        | 35.80*   | 34.00*   | 32.20*   | 32.20*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |        |        |        |        | 12.00    | 12.00    | 10.00    | 12.00    | 31 |
| 32 INITIAL PHYSIOTHERAPY         |        |        |        |        | 9.80*    | 9.80*    | 9.80*    | 9.80*    | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |        |        |        |        | 12.50*   | 10.70*   | 10.70*   | 10.70*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       |        |        |        |        | 25.00    | 25.00    | 25.00    | 30.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY |        |        |        |        | 7.50     | 8.50     | 8.30     | 7.50     | 35 |
| 36 SPIROMETRY                    |        |        |        |        | 24.00    | 24.00    | 24.00    | 24.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |        |        |        |        | 45.00    | 45.00    | 45.00    | 45.00    | 37 |
| 38 CHEMOTHERAPY                  |        |        |        |        | 19.50*   | 17.20*   | 14.80*   | 14.90*   | 38 |
| 39 COLLECTION OF SPECIMENS       |        |        |        |        | 7.20*    | 3.90*    | 7.50*    | 4.80*    | 39 |
| 40 DEBRIDEMENT OF NAILS          |        |        |        |        | 15.00    | 14.00    | 14.30*   | 15.00    | 40 |
| 41 SKIN BIOPSY                   |        |        |        |        | 35.00    | 26.90*   | 32.20*   | 32.20*   | 41 |
| 42 CHEMOCAUTERY                  |        |        |        |        | 50.00    | 26.00    | 30.00    | 30.00    | 42 |
| 43 RADICAL MASTECTOMY            |        |        |        |        | 626.50*  | 832.40*  | 716.00*  | 805.50*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |        |        |        |        | 617.60*  | 608.60*  | 599.70*  | 635.50*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 25.00  | 32.00* | 27.00* | 25.00  | 28.00*   | 28.00*   | 28.00*   | 28.00*   | 45 |
| 46 CORONARY ARTERY BYPASS        |        |        |        |        | 3745.00* | 3493.50* | 3448.25* | 3662.90* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |        |        |        |        | 1790.00* | 1790.00* | 1710.00* | 1790.00* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |        |        |        |        | 21.50*   | 21.50*   | 26.90*   | 21.00*   | 48 |
| 49 BRONCHOSCOPY                  |        |        |        |        | 205.90*  | 179.00*  | 200.00   | 134.25*  | 49 |
| 50 THORACENTESIS                 |        |        |        |        | 50.00    | 50.00    | 44.75*   | 35.80*   | 50 |
| 51 CATHETERIZATION OF HEART      |        |        |        |        | 537.00*  | 537.00*  | 537.00*  | 537.00*  | 51 |
| 52 INSERTION OF PACEMAKER        |        |        |        |        | 610.00   | 895.00*  | 537.00*  | 420.00*  | 52 |
| 53 PARTIAL COLECTOMY             |        |        |        |        | 895.00*  | 895.00*  | 895.00*  | 626.50   | 53 |
| 54 APPENDECTOMY                  |        |        |        |        | 402.75*  | 402.75*  | 358.00*  | 384.90*  | 54 |
| 55 SIGMOIDOSCOPY                 |        |        |        |        | 37.60*   | 35.80*   | 26.90*   | 37.60*   | 55 |

1982 PREVAILING CHARGE SUMMARY DATA B/S OF IOWA  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

IOWA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | O1     | O2     | O3     | O4     | O1      | O2      | O3      | O4      |     |
|----------------------------------|--------|--------|--------|--------|---------|---------|---------|---------|-----|
| 56 HEMORRHOIDECTOMY              |        |        |        |        | 350.00  | 313.25* | 331.20* | 367.00* | 56  |
| 57 CHOLECYSTECTOMY               |        |        |        |        | 626.50  | 625.00* | 626.50  | 537.00* | 57  |
| 58 REPAIR HERNIA                 |        |        |        |        | 358.00* | 402.75* | 358.00* | 358.00* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  |        |        |        |        | 53.70*  | 53.70*  | 89.50*  | 53.70*  | 59  |
| 60 DILATION OF URETHRA           |        |        |        |        | 22.00*  | 25.00*  | 17.00   | 28.00*  | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |        |        |        |        | 716.00* | 742.90* | 716.00* | 716.00* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) |        |        |        |        | 716.00* | 716.00* | 805.50* | 716.00* | 62  |
| 63 HYSTERECTOMY                  |        |        |        |        | 671.25* | 626.50* | 671.25* | 769.70* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |        |        |        |        | 28.60*  | 26.90*  | 26.00   | 21.70*  | 64  |
| 65 COMPREHENSIVE EYE EXAM        |        |        |        |        | 28.60*  | 26.90*  | 26.00   | 21.70*  | 65  |
| 66 EYE EXAM WITH TONOMETRY       |        |        |        |        |         |         |         |         | 66  |
| 67 EXTRACTION OF LENS            |        |        |        |        | 760.75* | 805.50* | 716.00* | 805.50* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 25.00  | 21.50* | 17.90* | 26.90* | 21.50*  | 26.90*  | 21.00   | 26.90*  | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 26.90* | 26.90* | 33.50  | 26.90* | 25.00   | 26.90*  | 21.00*  | 26.90*  | 69  |
| 70 X-RAY SPINE                   |        |        |        |        | 35.00   | 34.00   | 26.90*  | 35.80*  | 70  |
| 71 X-RAY HIP                     |        |        |        |        | 26.90*  | 31.30*  | 21.00*  | 30.00   | 71  |
| 72 X-RAY UPPER GI TRACT          | 63.00* | 53.70* | 35.80* | 53.70* | 53.70*  | 62.70*  | 35.80*  | 53.70*  | 72  |
| 73 X-RAY COLON                   |        |        |        |        | 44.75*  | 62.70*  | 35.00*  | 53.70*  | 73  |
| 74 RADIATION THERAPY-LOW VOLT    |        |        |        |        |         |         |         |         | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |        |        |        |        |         |         |         |         | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |        |        |        |        | 17.00   | 17.00   | 17.00   | 17.00*  | 76  |
| 77 CAT SCAN - HEAD               |        |        |        |        | 252.00  | 252.00  | 252.00  | 252.00  | 77  |
| 78 CAT SCAN - ABOOMEN            |        |        |        |        | 63.40   | 63.40   | 63.40   | 63.40   | 78  |
| 79 THREE CHEMISTRY TESTS         |        |        |        |        | 25.00   | 21.20   | 12.00   | 16.00   | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |        |        |        |        | 17.00   | 24.00   | 22.00   | 20.00   | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |        |        |        |        | 14.00   | 11.00   | 12.00   | 8.00    | 81  |
| 82 HEMOGLOBIN                    |        |        |        |        | 3.00L   | 3.00L   | 2.00L   | 3.00L   | 82  |
| 83 AUTOMATED BLOOD COUNT         |        |        |        |        | 14.00   | 14.00   | 12.00   | 12.00   | 83  |
| 84 WHITE CELL COUNT              |        |        |        |        | 3.00L   | 3.00L   | 3.00L   | 3.00L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |        |        |        |        | 8.50L   | 10.00L  | 7.00L   | 9.00L   | 85  |
| 86 CHOLESTEROL TEST              |        |        |        |        | 6.00L   | 6.00L   | 5.50L   | 6.00L   | 86  |
| 87 FLOCCULATION TEST             |        |        |        |        | 7.79    | 7.79    | 7.79    | 7.79    | 87  |
| 88 HEMATOCRIT                    |        |        |        |        | 3.50L   | 3.00L   | 2.50L   | 3.00L   | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |        |        |        |        | 6.00    | 9.20    | 8.00    | 6.60    | 89  |
| 90 POTASSIUM TEST - BLOOD        |        |        |        |        | 8.00    | 9.00    | 9.00    | 9.00    | 90  |
| 91 PROTHROMBIN TIME TEST         |        |        |        |        | 5.50L   | 5.00L   | 4.00L   | 6.00L   | 91  |
| 92 SEDIMENTATION RATE            |        |        |        |        | 3.50L   | 4.00L   | 2.00L   | 5.00L   | 92  |
| 93 BLOOD SUGAR                   |        |        |        |        | 6.00L   | 6.00L   | 5.50L   | 6.00L   | 93  |
| 94 BUN-UREA - NITROGEN           |        |        |        |        | 9.00    | 6.00L   | 5.00L   | 6.50L   | 94  |
| 95 URIC ACID                     |        |        |        |        | 6.00L   | 6.00L   | 5.00L   | 6.00L   | 95  |
| 96 FECES-OCULT BLOOD-SCREENING   |        |        |        |        | 5.00    | 4.00    | 3.25    | 4.50    | 96  |
| 97 PAP TEST                      |        |        |        |        | 7.00L   | 6.00L   | 6.00L   | 8.00L   | 97  |
| 98 ROUTINE URINALYSIS            |        |        |        |        | 4.00L   | 4.00L   | 3.50L   | 4.00L   | 98  |
| 99 CHEMICAL URINALYSIS           |        |        |        |        | 10.60   | 10.60   | 10.60   | 10.60   | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |        |        |        |        | 28.00   | 25.00   | 27.00   | 27.00   | 100 |
| 101 ELEC MONITORING-PACEMAKER    |        |        |        |        | 30.00   | 20.00   | 30.00   | 30.00   | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |        |        |        |        | 966.60* | 716.00* | 716.00* | 805.50* | 102 |
| 103 KIDNEY TRANSPLANT            |        |        |        |        |         |         |         |         | 103 |
| 104 HOSPITAL BED - RENTAL        |        |        |        |        | 36.05L  | 35.00   | 30.00L  | 32.20*  | 104 |
| 105 WALKER - RENTAL              |        |        |        |        | 7.00    | 4.70*   | 7.00    | 3.00    | 105 |
| 106 WHEELCHAIR - RENTAL          |        |        |        |        | 22.66L  | 15.00   | 22.00L  | 22.40*  | 106 |
| 107 LIQUID OXYGEN - RENTAL       |        |        |        |        | 8.00    | 6.00    | 5.00    | 4.00    | 107 |
| 108 HOSPITAL BED - PURCHASE      |        |        |        |        | 288.00L | 288.00L | 288.00L | 288.00L | 108 |
| 109 WALKER - PURCHASE            |        |        |        |        | 50.00   | 44.20   | 47.00   | 47.00   | 109 |
| 110 WHEELCHAIR - PURCHASE        |        |        |        |        | 205.00L | 191.00L | 259.00L | 150.00L | 110 |



1982 PREVAILING CHARGE SUMMARY DATA B/S OF IOWA  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

IOWA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 05     | 06     | 07     | 08     | 05       | 06       | 07       | 08       |    |
|----------------------------------|--------|--------|--------|--------|----------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |        |        |        |        | 12.50*   | 10.70*   | 10.70*   | 17.90*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 28.60* | 26.90* | 23.30* | 25.00  | 35.80*   | 26.90*   | 26.90*   | 35.80*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |        |        |        |        | 17.90*   | 17.90*   | 19.70*   | 17.90*   | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 30.00  | 44.75* | 26.90* | 35.80* | 52.00    | 60.00    | 44.75*   | 90.00    | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 3.00   | 4.00   | 3.00   | 4.00   | 3.50     | 4.00     | 3.00     | 9.00*    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 12.50* | 10.70* | 10.70* | 25.00  | 12.50*   | 10.70*   | 10.70*   | 17.90*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 20.00  | 16.00  | 15.00  | 17.00  | 17.90*   | 17.90*   | 19.70*   | 17.90*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 20.00  | 16.00  | 15.00  | 17.00  | 17.90*   | 17.90*   | 19.70*   | 17.90*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 28.60* | 26.90* | 23.30* | 25.00  | 35.80*   | 26.90*   | 26.90*   | 35.80*   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 30.00  | 44.75* | 26.90* | 35.80* | 52.00    | 60.00    | 44.75*   | 90.00    | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 17.90* | 14.30* | 17.90* | 17.90* | 17.90*   | 17.90*   | 17.90*   | 11.20*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |        |        |        |        | 26.90*   | 21.50*   | 25.00    | 26.90*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 17.90* | 14.30* | 17.90* | 17.90* | 17.90*   | 17.90*   | 17.90*   | 11.20*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |        |        |        |        | 14.00*   | 14.00*   | 14.00*   | 15.00*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 12.50* | 10.70* | 10.70* | 15.00  | 12.50*   | 10.70*   | 10.70*   | 15.00    | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 12.50* | 12.50* | 12.50* | 16.10* | 12.50*   | 12.50*   | 13.40*   | 16.10*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |        |        |        |        | 44.75*   | 44.75*   | 44.75*   | 90.00    | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 44.75* | 35.80* | 35.80* | 105.00 | 44.75*   | 44.75*   | 44.75*   | 90.00    | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 12.50* | 12.50* | 12.50* | 16.10* | 12.50*   | 12.50*   | 13.40*   | 16.10*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 21.50* | 26.90* | 23.00  | 21.50* | 26.90*   | 25.00    | 23.00    | 25.10*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 21.50* | 26.90* | 23.00  | 21.50* | 26.90*   | 25.00    | 23.00    | 25.10*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |        |        |        |        | 26.90*   | 25.00    | 23.00    | 25.10*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |        |        |        |        |          |          |          |          | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |        |        |        |        |          |          |          |          | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |        |        |        |        | 42.20*   | 38.10*   | 49.50*   | 55.20*   | 25 |
| 26 LIMITED CONSULTATION          | 44.75  | 32.00  | 44.75  | 44.75  | 44.75    | 44.75    | 44.75    | 40.00    | 26 |
| 27 EXTENSIVE CONSULTATION        |        |        |        |        | 60.00    | 60.00    | 64.90    | 60.00    | 27 |
| 28 COMPREHENSIVE CONSULTATION    |        |        |        |        | 89.50    | 80.00    | 71.60    | 89.50    | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |        |        |        |        | 73.20    | 60.00    | 40.00    | 71.60    | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |        |        |        |        | 36.60*   | 30.00*   | 20.00    | 35.80*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |        |        |        |        | 12.50*   | 12.00    | 11.00    | 12.00    | 31 |
| 32 INITIAL PHYSIOTHERAPY         |        |        |        |        | 12.00    | 9.80*    | 10.70*   | 15.00    | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |        |        |        |        | 12.50*   | 10.70*   | 10.70*   | 17.90*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       |        |        |        |        | 25.00    | 25.00    | 30.00    | 18.50    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY |        |        |        |        | 6.50     | 10.00    | 8.50     | 8.50     | 35 |
| 36 SPIROMETRY                    |        |        |        |        | 24.00    | 24.00    | 24.00    | 20.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |        |        |        |        | 45.00    | 45.00    | 45.00    | 45.00    | 37 |
| 38 CHEMOTHERAPY                  |        |        |        |        | 25.80*   | 13.40*   | 9.80*    | 17.90*   | 38 |
| 39 COLLECTION OF SPECIMENS       |        |        |        |        | 4.50*    | 5.00     | 5.00     | 5.00     | 39 |
| 40 DEBRIDEMENT OF NAILS          |        |        |        |        | 16.10*   | 14.00    | 14.00*   | 16.10*   | 40 |
| 41 SKIN BIOPSY                   |        |        |        |        | 26.90*   | 25.00    | 30.00    | 35.80*   | 41 |
| 42 CHEMOCAUTERY                  |        |        |        |        | 49.00*   | 30.00*   | 49.00*   | 71.60*   | 42 |
| 43 RADICAL MASTECTOMY            |        |        |        |        | 716.00*  | 716.00*  | 700.00   | 716.00*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |        |        |        |        | 635.50*  | 635.50*  | 635.50*  | 725.00*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 30.00* | 25.00  | 25.00  | 30.00* | 28.00*   | 25.00    | 28.00*   | 32.00*   | 45 |
| 46 CORONARY ARTERY BYPASS        |        |        |        |        | 3423.90* | 3662.90  | 3528.30* | 3662.90* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |        |        |        |        | 1790.00* | 1600.00* | 1790.00* | 1790.00* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |        |        |        |        | 21.50*   | 21.50*   | 21.00*   | 24.00*   | 48 |
| 49 BRONCHOSCOPY                  |        |        |        |        | 223.75*  | 134.25*  | 134.25*  | 223.75*  | 49 |
| 50 THORACENTESIS                 |        |        |        |        | 44.75*   | 44.75*   | 44.75*   | 44.75*   | 50 |
| 51 CATHETERIZATION OF HEART      |        |        |        |        | 537.00*  | 537.00*  | 537.00*  | 537.00*  | 51 |
| 52 INSERTION OF PACEMAKER        |        |        |        |        | 787.60*  | 716.00*  | 716.00*  | 716.00*  | 52 |
| 53 PARTIAL COLECTOMY             |        |        |        |        | 984.50*  | 941.00   | 895.00*  | 1145.60* | 53 |
| 54 APPENDECTOMY                  |        |        |        |        | 402.75*  | 402.75*  | 447.50*  | 358.00*  | 54 |
| 55 SIGMOIDOSCOPY                 |        |        |        |        | 44.75*   | 35.80*   | 42.00    | 40.00    | 55 |



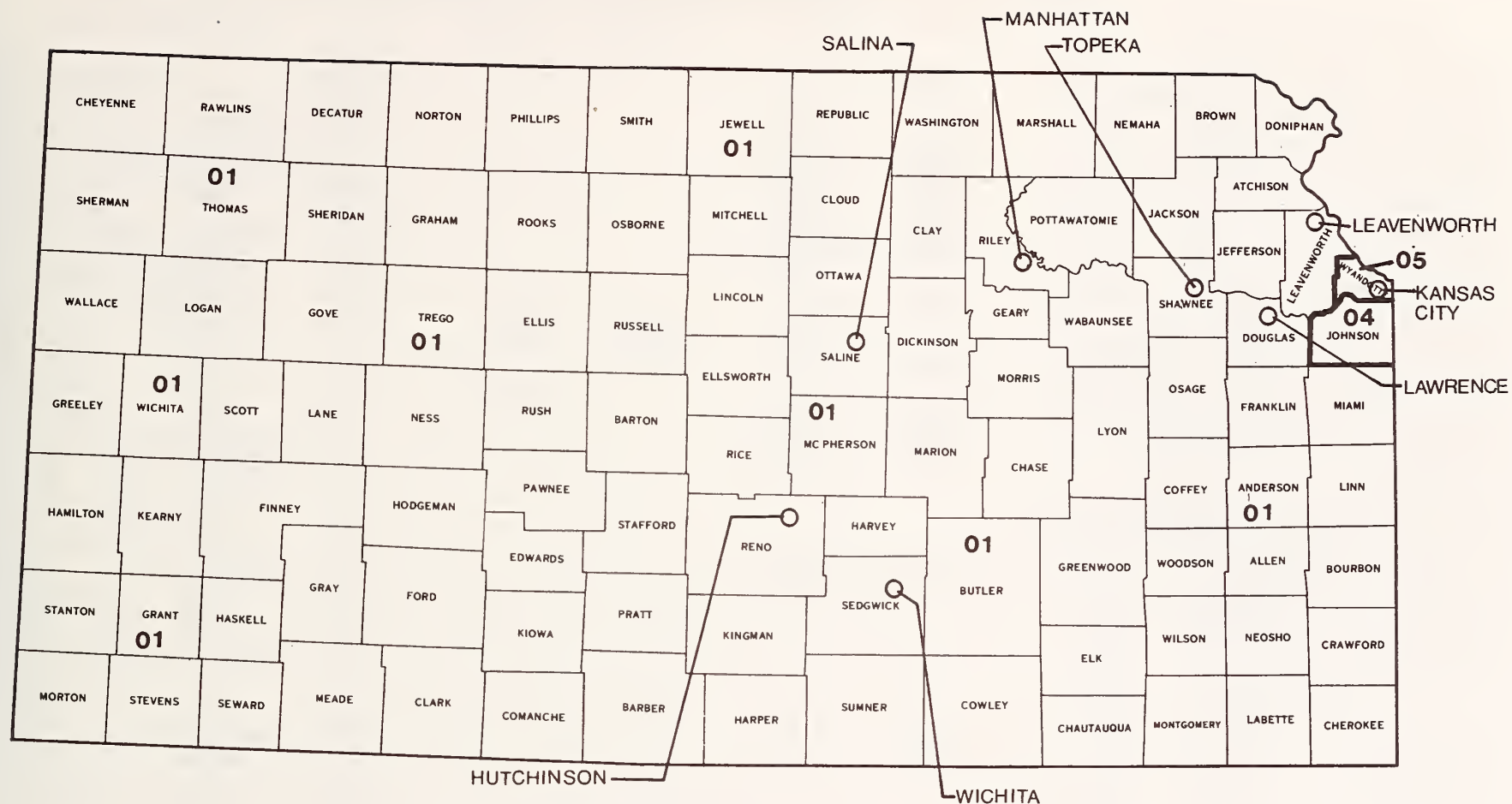
1982 PREVAILING CHARGE SUMMARY DATA B/S OF IOWA  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

IOWA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 05     | 06     | 07     | 08     | 05      | 06      | 07      | 08      |     |
|----------------------------------|--------|--------|--------|--------|---------|---------|---------|---------|-----|
| 56 HEMORRHOIDECTOMY              |        |        |        |        | 435.00  | 331.20* | 268.50* | 367.00* | 56  |
| 57 CHOLECYSTECTOMY               |        |        |        |        | 626.50* | 626.50  | 62.70*  | 716.00* | 57  |
| 58 REPAIR HERNIA                 |        |        |        |        | 402.75* | 402.75* | 400.00  | 429.60* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  |        |        |        |        | 75.00   | 53.70*  | 53.70*  | 40.00   | 59  |
| 60 DILATION OF URETHRA           |        |        |        |        | 22.40*  | 20.00*  | 28.00*  | 22.00   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |        |        |        |        | 716.00* | 671.25* | 716.00* | 716.00* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) |        |        |        |        | 716.00* | 805.50* | 805.50* | 895.00* | 62  |
| 63 HYSTERECTOMY                  |        |        |        |        | 716.00* | 626.50* | 671.25* | 671.25* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |        |        |        |        | 28.60*  | 21.70*  | 21.70*  | 26.90*  | 64  |
| 65 COMPREHENSIVE EYE EXAM        |        |        |        |        | 28.60*  | 21.70*  | 21.70*  | 26.90*  | 65  |
| 66 EYE EXAM WITH TONOMETRY       |        |        |        |        |         |         |         |         | 66  |
| 67 EXTRACTION OF LENS            |        |        |        |        | 716.00* | 716.00* | 626.50* | 990.00  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 26.90* | 21.50* | 22.40* | 26.90* | 26.90*  | 26.00   | 25.00   | 26.90*  | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 26.90* | 26.00  | 31.30* | 31.30* | 26.90*  | 31.30*  | 26.90*  | 26.90*  | 69  |
| 70 X-RAY SPINE                   |        |        |        |        | 33.00   | 35.80*  | 34.00   | 35.00   | 70  |
| 71 X-RAY HIP                     |        |        |        |        | 21.00*  | 26.90*  | 28.00   | 26.90*  | 71  |
| 72 X-RAY UPPER GI TRACT          | 53.70* | 50.00  | 40.00* | 53.70* | 44.75*  | 62.70*  | 71.40   | 53.70*  | 72  |
| 73 X-RAY COLON                   |        |        |        |        | 44.75*  | 62.70*  | 57.30*  | 53.70*  | 73  |
| 74 RADIATION THERAPY-LOW VOLT    |        |        |        |        |         |         |         |         | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |        |        |        |        |         |         |         |         | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |        |        |        |        | 17.00   | 17.00   | 17.00   | 17.00   | 76  |
| 77 CAT SCAN - HEAD               |        |        |        |        | 252.00  | 250.00  | 252.00  | 252.00  | 77  |
| 78 CAT SCAN - ABOOMEN            |        |        |        |        | 63.40   | 63.40   | 63.40   | 63.40   | 78  |
| 79 THREE CHEMISTRY TESTS         |        |        |        |        | 15.00   | 20.00   | 32.40   | 20.00   | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |        |        |        |        | 17.00   | 23.00   | 26.00   | 20.00   | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |        |        |        |        | 15.00   | 15.00   | 10.00   | 14.00   | 81  |
| 82 HEMOGLOBIN                    |        |        |        |        | 3.50L   | 3.00L   | 3.00L   | 3.00    | 82  |
| 83 AUTOMATED BLOOD COUNT         |        |        |        |        | 12.00   | 12.00   | 13.00   | 14.00   | 83  |
| 84 WHITE CELL COUNT              |        |        |        |        | 3.00L   | 3.50L   | 3.00L   | 3.00L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |        |        |        |        | 9.00L   | 9.50L   | 9.00L   | 8.35L   | 85  |
| 86 CHOLESTEROL TEST              |        |        |        |        | 6.00L   | 6.00L   | 6.00L   | 6.00L   | 86  |
| 87 FLOCCULATION TEST             |        |        |        |        | 7.79    | 7.79    | 7.79    | 7.79    | 87  |
| 88 HEMATOCRIT                    |        |        |        |        | 3.00    | 4.00L   | 3.00L   | 3.00L   | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |        |        |        |        | 8.00    | 6.50    | 7.00    | 7.00    | 89  |
| 90 POTASSIUM TEST - BLOOD        |        |        |        |        | 10.00   | 10.00   | 9.00    | 8.10    | 90  |
| 91 PROTHROMBIN TIME TEST         |        |        |        |        | 5.00L   | 4.00L   | 5.00L   | 5.00L   | 91  |
| 92 SEDIMENTATION RATE            |        |        |        |        | 3.00L   | 5.00L   | 4.00L   | 4.50L   | 92  |
| 93 BLOOD SUGAR                   |        |        |        |        | 5.00L   | 6.00L   | 6.00L   | 6.00    | 93  |
| 94 BUN-UREA - NITROGEN           |        |        |        |        | 6.00L   | 7.00L   | 8.00L   | 7.00L   | 94  |
| 95 URIC ACID                     |        |        |        |        | 6.00L   | 7.00L   | 8.00L   | 6.00L   | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |        |        |        |        | 4.00    | 5.00    | 4.00    | 4.00    | 96  |
| 97 PAP TEST                      |        |        |        |        | 6.50L   | 6.00L   | 7.00L   | 6.50L   | 97  |
| 98 ROUTINE URINALYSIS            |        |        |        |        | 4.00L   | 4.00L   | 3.50L   | 5.00L   | 98  |
| 99 CHEMICAL URINALYSIS           |        |        |        |        | 10.60   | 10.60   | 10.60   | 10.60   | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |        |        |        |        | 33.00   | 27.00   | 36.50   | 27.00   | 100 |
| 101 ELEC MONITORING-PACEMAKER    |        |        |        |        | 30.00   | 30.00   | 30.00   | 30.00   | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |        |        |        |        | 805.50* | 805.50* | 805.50* | 895.00* | 102 |
| 103 KIDNEY TRANSPLANT            |        |        |        |        |         |         |         |         | 103 |
| 104 HOSPITAL BED - RENTAL        |        |        |        |        | 30.90L  | 30.00L  | 25.00L  | 40.00   | 104 |
| 105 WALKER - RENTAL              |        |        |        |        | 7.00    | 6.80*   | 7.00    | 7.00    | 105 |
| 106 WHEELCHAIR - RENTAL          |        |        |        |        | 15.00L  | 18.00L  | 25.80*  | 25.80*  | 106 |
| 107 LIQUID OXYGEN - RENTAL       |        |        |        |        | 3.90    | 3.30    | 8.00    | 8.00    | 107 |
| 108 HOSPITAL BED - PURCHASE      |        |        |        |        | 288.00L | 288.00L | 288.00L | 406.00  | 108 |
| 109 WALKER - PURCHASE            |        |        |        |        | 37.50   | 44.00   | 41.00   | 47.00   | 109 |
| 110 WHEELCHAIR - PURCHASE        |        |        |        |        | 179.00L | 175.00L | 251.00L | 279.00  | 110 |

KANSAS

# KANSAS



## Three Localities

### Blue Shield of Kansas

01 - Blue Shield of Kansas Plan area (102 counties)

### Blue Shield of Kansas City

04 - Johnson County (suburban)

05 - Wyandotte County (metropolitan)

1982 PREVAILING CHARGE SUMMARY DATA B/S OF KANSAS CITY, MISSOURI  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

KANSAS  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | AREA 04 | AREA 05 | AREA 04  | AREA 05  |    |
|----------------------------------|---------|---------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |         | 14.10*   | 14.10*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 13.40*  | 10.70*  | 14.10*   | 14.10*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         | 20.00    | 16.00    | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 36.00   | 30.40*  | 50.00    | 45.00    | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 6.00    | 5.00    | 8.90*    | 12.50*   | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 13.40*  | 10.70*  | 14.10*   | 14.10*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 13.40*  | 10.70*  | 14.10*   | 14.10*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 17.00   | 15.00   | 20.00    | 16.00    | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 25.00   | 16.10   | 28.00    | 28.00    | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 44.70*  | 26.80*  | 35.70*   | 35.00    | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 18.00*  | 21.50*  | 18.00*   | 21.50*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |         | 18.00*   | 21.50*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 20.00   | 20.00   | 20.00    | 20.00    | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         | 25.00    | 25.00    | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 13.40*  | 10.70*  | 14.10*   | 14.10*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 35.70*  | 40.00   | 44.70*   | 53.70*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         | 62.60*   | 62.60*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 44.70*  | 44.70*  | 62.60*   | 62.60*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 18.00*  | 12.50*  | 18.00*   | 18.00*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 18.00*  | 12.50*  | 18.00*   | 18.00*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 25.00   | 18.00*  | 21.50*   | 18.50    | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         | 37.00    | 35.00    | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |         | 40.00    | 25.00    | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         | 40.00    | 25.00    | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |         | 40.00    | 25.00    | 25 |
| 26 LIMITED CONSULTATION          | 44.70*  | 62.60*  | 53.70*   | 45.00    | 26 |
| 27 EXTENSIVE CONSULTATION        |         |         | 89.40*   | 62.60*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |         | 89.40*   | 62.60*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |         | 56.40*   | 70.40*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |         | 28.20*   | 35.20*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |         |         | 11.20*   | 11.20*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |         | 14.00    | 14.00    | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |         | 15.00    | 12.50*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 25.00   | 28.00   | 25.00    | 28.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 12.50*  |         | 8.30*    |          | 35 |
| 36 SPIROMETRY                    |         |         | 40.00    | 40.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |         | 100.00   | 100.00   | 37 |
| 38 CHEMOTHERAPY                  |         |         | 37.10*   | 41.50*   | 38 |
| 39 COLLECTION OF SPECIMENS       |         |         | 3.00     | 3.00     | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |         |          |          | 40 |
| 41 SKIN BIOPSY                   |         |         | 48.25*   | 55.00    | 41 |
| 42 CHEMOCAUTERY                  |         |         |          |          | 42 |
| 43 RADICAL MASTECTOMY            |         |         | 895.00*  | 912.80*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |         | 1220.60* | 760.70*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 20.00   | 15.00   | 43.00    | 25.00    | 45 |
| 46 CORONARY ARTERY BYPASS        |         |         |          | 2600.00  | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         | 1789.70* | 1789.70* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |         | 25.00    | 25.00    | 48 |
| 49 BRONCHOSCOPY                  |         |         |          |          | 49 |
| 50 THORACENTESIS                 |         |         |          | 40.60*   | 50 |
| 51 CATHETERIZATION OF HEART      |         |         |          | 550.00   | 51 |
| 52 INSERTION OF PACEMAKER        |         |         |          |          | 52 |
| 53 PARTIAL COLECTOMY             |         |         | 921.70*  | 984.40*  | 53 |
| 54 APPENDECTOMY                  |         |         | 465.40*  | 358.00*  | 54 |
| 55 SIGMOIDOSCOPY                 |         |         | 40.00    | 44.70*   | 55 |

1982 PREVAILING CHARGE SUMMARY DATA      B/S OF KANSAS CITY, MISSOURI  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

KANSAS  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | AREA 04 | AREA 05 | AREA 04 | AREA 05 |     |
|----------------------------------|---------|---------|---------|---------|-----|
| 56 HEMORRHOIOECTOMY              |         |         | 375.90* | 358.00* | 56  |
| 57 CHOLECYSTECTOMY               |         |         | 716.00* | 644.40* | 57  |
| 58 REPAIR HERNIA                 |         |         | 500.00  | 406.40* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  |         |         | 89.40*  | 55.00   | 59  |
| 60 DILATION OF URETHRA           |         |         | 19.00   | 12.00   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         |         | 895.00* | 895.00* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) |         |         | 805.40* | 805.40* | 62  |
| 63 HYSTERECTOMY                  |         |         | 805.40* | 742.70* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |         | 30.40*  | 26.80*  | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |         | 30.40*  | 26.80*  | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |         | 7.10*   | 7.10*   | 66  |
| 67 EXTRACTION OF LENS            |         |         | 805.40* | 800.00  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 26.80*  | 20.00   | 20.00   | 18.00*  | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 32.20*  | 26.80*  | 26.80*  | 26.80*  | 69  |
| 70 X-RAY SPINE                   |         |         | 60.50   | 60.00   | 70  |
| 71 X-RAY HIP                     |         |         | 32.40   | 32.40   | 71  |
| 72 X-RAY UPPER GI TRACT          | 49.60*  |         | 60.00   | 50.10*  | 72  |
| 73 X-RAY COLON                   |         |         | 60.00   | 50.10*  | 73  |
| 74 RAOIATION THERAPY-LOW VOLT    |         |         |         |         | 74  |
| 75 RAOIATION THERAPY-SUPER VOLT  |         |         |         |         | 75  |
| 76 RAOIATION THERAPY-MEGAVOLT    |         |         |         |         | 76  |
| 77 CAT SCAN - HEAD               |         |         | 78.00   | 78.00   | 77  |
| 78 CAT SCAN - ABDOMEN            |         |         | 90.00   | 90.00   | 78  |
| 79 THREE CHEMISTRY TESTS         |         |         | 25.00   | 20.00   | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |         | 30.00   | 30.00   | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         |         | 15.00   | 15.40   | 81  |
| 82 HEMOGLOBIN                    |         |         | 3.00L   | 3.00L   | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |         | 9.50L   | 8.00L   | 83  |
| 84 WHITE CELL COUNT              |         |         | 5.00L   | 4.00L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |         | 9.50L   | 8.00L   | 85  |
| 86 CHOLESTEROL TEST              |         |         | 7.00L   | 5.00L   | 86  |
| 87 FLOCCULATION TEST             |         |         | 9.00    | 5.00    | 87  |
| 88 HEMATOCRIT                    |         |         | 5.00L   | 5.00L   | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |         | 6.00    | 6.00    | 89  |
| 90 POTASSIUM TEST - BLOOD        |         |         | 9.00    | 8.00    | 90  |
| 91 PROTHROMBIN TIME TEST         |         |         | 5.00L   | 5.00L   | 91  |
| 92 SEDIMENTATION RATE            |         |         | 4.00L   | 4.00L   | 92  |
| 93 BLOOD SUGAR                   |         |         | 7.00L   | 5.00L   | 93  |
| 94 BUN-UREA - NITROGEN           |         |         | 6.00L   | 5.00L   | 94  |
| 95 URIC ACID                     |         |         | 7.00L   | 5.00L   | 95  |
| 96 FECES-OCULT BLOOD-SCREENING   |         |         | 6.00    | 5.00    | 96  |
| 97 PAP TEST                      |         |         | 7.00L   | 5.00L   | 97  |
| 98 ROUTINE URINALYSIS            |         |         | 5.00L   | 5.00L   | 98  |
| 99 CHEMICAL URINALYSIS           |         |         | 5.00L   | 5.00L   | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |         |         |         | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |         |         | 27.00   | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |         | 1000.00 | 1000.00 | 102 |
| 103 KIDNEY TRANSPLANT            |         |         | 1325.60 | 1325.60 | 103 |
| 104 HOSPITAL BED - RENTAL        |         |         | 55.00L  | 55.00L  | 104 |
| 105 WALKER - RENTAL              |         |         | 24.00   | 15.52   | 105 |
| 106 WHEELCHAIR - RENTAL          |         |         | 30.00L  | 28.00L  | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         |         | 50.00   | 50.00   | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |         | 415.36  | 415.36  | 108 |
| 109 WALKER - PURCHASE            |         |         | 52.07   | 51.02   | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |         | 239.00L | 239.00L | 110 |



| PROCEDURE DESCRIPTION            | SINGLE   |    |
|----------------------------------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     | 14.00*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 21.60*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  | 21.60*   | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 50.00*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 7.00*    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 14.00*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 21.50*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 23.30*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 37.80*   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 37.80*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 21.60*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   | 21.60*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 29.20*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |          | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 14.00*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 46.60*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  | 46.60*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 70.10*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 13.40*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 29.20*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 17.50*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   | 17.50*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    | 25.00*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  | 25.00*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |          | 25 |
| 26 LIMITED CONSULTATION          | 37.80*   | 26 |
| 27 EXTENSIVE CONSULTATION        | 44.70*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    | 71.60*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |          | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       | 29.20*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 11.70*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         | 12.00*   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    | 14.00*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 30.00*   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 15.00*   | 35 |
| 36 SPIROMETRY                    | 30.00*   | 36 |
| 37 ELECTROENCEPHALOGRAPH (EEG)   | 90.00*   | 37 |
| 38 CHEMOTHERAPY                  | 18.40*   | 38 |
| 39 COLLECTION OF SPECIMENS       | 3.00*    | 39 |
| 40 DEBRIDEMENT OF NAILS          | 14.00*   | 40 |
| 41 SKIN BIOPSY                   | 31.50*   | 41 |
| 42 CHEMOCAUTERY                  | 21.50*   | 42 |
| 43 RADICAL MASTECTOMY            | 809.70*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    | 895.00*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 23.60*   | 45 |
| 46 CORONARY ARTERY BYPASS        | 2699.00* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  | 1611.00* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      | 23.30*   | 48 |
| 49 BRONCHOSCOPY                  | 223.70*  | 49 |
| 50 THORACENTESIS                 | 44.70*   | 50 |
| 51 CATHETERIZATION OF HEART      | 537.10*  | 51 |
| 52 INSERTION OF PACEMAKER        | 1000.00* | 52 |
| 53 PARTIAL COLECTOMY             | 895.00*  | 53 |
| 54 APPENDECTOMY                  | 375.80*  | 54 |
| 55 SIGMOIDOSCOPY                 | 37.80*   | 55 |

| PROCEDURE DESCRIPTION            | SINGLE  |     |
|----------------------------------|---------|-----|
| 56 HEMORRHOIDECTOMY              | 322.20* | 56  |
| 57 CHOLECYSTECTOMY               | 633.60* | 57  |
| 58 REPAIR HERNIA                 | 365.10* | 58  |
| 59 DIAGNOSTIC CYSTURETHROSCOPY   | 89.60*  | 59  |
| 60 DILATION OF URETHRA           | 23.30*  | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    | 859.20* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 787.60* | 62  |
| 63 HYSTERECTOMY                  | 762.50* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     | 30.20*  | 64  |
| 65 COMPREHENSIVE EYE EXAM        | 30.00*  | 65  |
| 66 EYE EXAM WITH TONOMETRY       | 7.00*   | 66  |
| 67 EXTRACTION OF LENS            | 716.00* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 23.30*  | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 32.30*  | 69  |
| 70 X-RAY SPINE                   | 54.00*  | 70  |
| 71 X-RAY HIP                     | 40.90*  | 71  |
| 72 X-RAY UPPER GI TRACT          | 71.60*  | 72  |
| 73 X-RAY COLON                   | 63.40*  | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 21.60*  | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  | 35.80*  | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         | 76  |
| 77 CAT SCAN - HEAD               | 242.90* | 77  |
| 78 CAT SCAN - ABDOMEN            | 364.40* | 78  |
| 79 THREE CHEMISTRY TESTS         | 22.50*  | 79  |
| 80 NINETEEN CHEMISTRY TESTS      | 25.00*  | 80  |
| 81 CULTURE - OTHER THAN BLOOD    | 13.00*  | 81  |
| 82 HEMOGLOBIN                    | 3.50    | 82  |
| 83 AUTOMATED BLOOD COUNT         |         | 83  |
| 84 WHITE CELL COUNT              | 3.50    | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    | 10.00   | 85  |
| 86 CHOLESTEROL TEST              | 7.50    | 86  |
| 87 FLOCCULATION TEST             | 8.00*   | 87  |
| 88 HEMATOCRIT                    | 3.00    | 88  |
| 89 PLATELET COUNT (REES-ECKER)   | 10.00*  | 89  |
| 90 POTASSIUM TEST - BLOOD        | 10.00*  | 90  |
| 91 PROTHROMBIN TIME TEST         | 6.50    | 91  |
| 92 SEDIMENTATION RATE            | 5.00    | 92  |
| 93 BLOOD SUGAR                   | 6.00    | 93  |
| 94 BUN-UREA - NITROGEN           | 8.00    | 94  |
| 95 URIC ACID                     | 8.00    | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  | 5.00*   | 96  |
| 97 PAP TEST                      | 15.00*  | 97  |
| 98 ROUTINE URINALYSIS            | 5.00    | 98  |
| 99 CHEMICAL URINALYSIS           | 5.00*   | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         | 100 |
| 101 ELECT MONITORING-PACEMAKER   |         | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         | 102 |
| 103 KIDNEY TRANSPLANT            |         | 103 |
| 104 HOSPITAL BED - RENTAL        | 35.00*  | 104 |
| 105 WALKER - RENTAL              | 9.40*   | 105 |
| 106 WHEELCHAIR - RENTAL          | 21.50   | 106 |
| 107 LIQUID OXYGEN - RENTAL       | 103.20* | 107 |
| 108 HOSPITAL BED - PURCHASE      | 675.42* | 108 |
| 109 WALKER - PURCHASE            | 54.95*  | 109 |
| 110 WHEELCHAIR - PURCHASE        | 210.00  | 110 |

KENTUCKY

# KENTUCKY



- 01 - Metropolitan - Lexington (Fayette County), Louisville (including Anchorage, Crestwood, Jeffersontown, Lyndon, Middletown, Okalona, Pee Wee Valley, Pleasure Ridge Park, Shively, St. Matthews, Valley Station).
- 02 - Urban - Ashland (including Grayson, Greenup, Westwood), Bardstown, Bellevue, Bowling Green, Catletsburg, Covington (including Alexandria, Bromley, Burlington, Dayton, Elsmere Park, Ft. Mitchell, South Hills, Southgate, Walton, Woodlawn), Danville, Elizabethtown (including Labanon Junction), Florence, Fort Thomas, Frankfort (including Midway), Georgetown, Glasgow, Harlan, Hazard (including Whitesburg), Henderson, Hopkinsville (including Elkton, Fairview), Lancaster, Lawrenceburg, Louisa, Madisonville, mayfield, Middlesboro, Morehead, Morganfield, Mount Sterling, Murray, Newport, Nicholasville, Owensboro, Paducah (including West Paducah), Paris, Pikeville, Pineville, Prestonsburg, Richmond, Shelbyville, Stanford, Versailles, Vine Grove, Winchester (including Carlisle, Stanton).
- 03 - Rural - All other areas of the State



(Refer questions on this data to  
Blue Shield of Kentucky, Inc.  
9901 Linn Station Road  
Louisville, Kentucky 40223)

1982 PREVAILING CHARGE SUMMARY DATA METROPOLITAN LIFE INSURANCE CO.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

KENTUCKY  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | I      | II      | III     | I        | II      | III     |    |
|----------------------------------|--------|---------|---------|----------|---------|---------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |        |         |         | 26.90*   | 17.90*  | 17.90*  | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 35.00  | 18.00   | 30.00   | 44.75*   | 35.00   | 35.00   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |        |         |         | 44.75*   | 35.00   | 35.00   | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 44.75* | 35.00   | 35.00   | 62.70*   | 50.00   | 50.00   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 10.70* | 7.20*   | 7.20*   | 9.00*    | 10.70*  | 7.20*   | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 12.50* | 10.70*  | 9.00*   | 14.30*   | 14.30*  | 10.70*  | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 15.00  | 16.00   | 14.30*  | 17.90*   | 18.00   | 17.90*  | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 10.00  | 18.00   | 16.00   | 26.00    | 23.00   | 17.90*  | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 26.90* | 17.00   | 17.00*  | 32.20*   | 26.90*  | 26.90   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 20.00  | 25.00   | 35.00   | 55.00    | 44.75*  | 44.75*  | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 21.50* | 17.90*  | 17.90*  | 21.50*   | 21.50*  | 17.90*  | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |        |         |         | 26.90*   | 25.00   | 25.00   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 20.00  | 20.00   | 22.00   | 26.90*   | 25.00   | 25.00   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |        |         |         | 17.90*   | 17.90*  | 14.30*  | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 12.50  | 10.70   | 9.00    | 14.30    | 14.30   | 10.70   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 35.80* | 26.90*  | 26.90*  | 44.75*   | 26.90*  | 26.90*  | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |        |         |         | 60.00    | 44.75*  | 44.75*  | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 50.00  | 50.00   | 40.00   | 71.60*   | 60.00   | 55.00   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 17.90* | 12.50*  | 10.70*  | 17.90*   | 14.30*  | 12.50*  | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 17.90* | 17.90*  | 17.90*  | 17.90*   | 17.90*  | 17.90*  | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 25.00  | 25.00   | 26.90*  | 26.00    | 27.00   | 26.90*  | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |        |         |         | 26.00    | 27.00   | 26.90*  | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |        |         |         | 25.00    | 17.90*  | 17.90*  | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |        |         |         | 30.00    | 30.00   | 25.00   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |        |         |         | 67.50*   | 63.00*  | 55.50*  | 25 |
| 26 LIMITED CONSULTATION          | 26.20* | 43.10*  | 24.40*  |          |         |         | 26 |
| 27 EXTENSIVE CONSULTATION        |        |         |         | 72.00*   | 45.00   | 43.20*  | 27 |
| 28 COMPREHENSIVE CONSULTATION    |        |         |         | 76.50*   | 65.00   | 51.90*  | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |        |         |         | 18.00    | 26.90*  | 21.50*  | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |        |         |         | 7.30     | 6.80*   | 5.50*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 12.50* | 10.70*  | 9.00*   | 12.00    | 10.70*  | 9.00*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |        |         |         | 18.75    | 25.00   | 19.25   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |        |         |         | 12.50*   | 10.70*  | 9.00*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 21.00* | 21.60*  | 18.70*  | 20.70*   | 25.00   | 21.60*  | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 7.00*P | 6.00*P  | 7.00*P  | 7.00*P   | 8.00 P  | 7.00*P  | 35 |
| 36 SPIROMETRY                    |        |         |         | 27.00*   | 33.00   | 51.90*  | 36 |
| 37 ELECTROENCEPHALOGRAPH (EEG)   |        |         |         | 45.00    | 38.25   | 50.00   | 37 |
| 38 CHEMOTHERAPY                  |        |         |         | 17.90*   | 17.90*  | 17.90*  | 38 |
| 39 COLLECTION OF SPECIMENS       |        |         |         | 3.00     | 3.00    | 3.00    | 39 |
| 40 DEBRIDEMENT OF NAILS          |        |         |         | 20.00    | 20.00   | 15.00   | 40 |
| 41 SKIN BIOPSY                   |        |         |         | 44.75*   | 44.75*  | 44.75*  | 41 |
| 42 CHEMOCAUTERY                  |        |         |         | 10.00    | 10.00   | 20.00   | 42 |
| 43 RADICAL MASTECTOMY            |        |         |         | 825.90*  | 804.40* | 738.90* | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |        |         |         | 984.50*  | 805.50* | 716.00* | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 25.00  | 25.00   | 25.00   | 25.00    | 25.00   | 25.00   | 45 |
| 46 CORONARY ARTERY BYPASS        |        |         |         | 2739.20* |         |         | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |        |         |         | 1118.75* | 877.10* | 859.20* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |        |         |         | 20.00    | 20.00   | 21.50*  | 48 |
| 49 BRONCHOSCOPY                  |        |         |         | 179.00*  | 223.75* | 134.25* | 49 |
| 50 THORACENTESIS                 |        |         |         | 44.75*   | 50.00   | 40.00   | 50 |
| 51 CATHETERIZATION OF HEART      |        |         |         | 462.00   | 462.00  |         | 51 |
| 52 INSERTION OF PACEMAKER        |        |         |         | 895.00*  | 910.00  | 950.00  | 52 |
| 53 PARTIAL COLECTOMY             |        |         |         | 895.00*  | 895.00* | 895.00* | 53 |
| 54 APPENDECTOMY                  |        | 358.00* | 441.70* | 447.50*  | 447.50* | 447.50* | 54 |
| 55 SIGMOIDOSCOPY                 |        |         |         | 35.80*   | 35.80*  | 37.60*  | 55 |



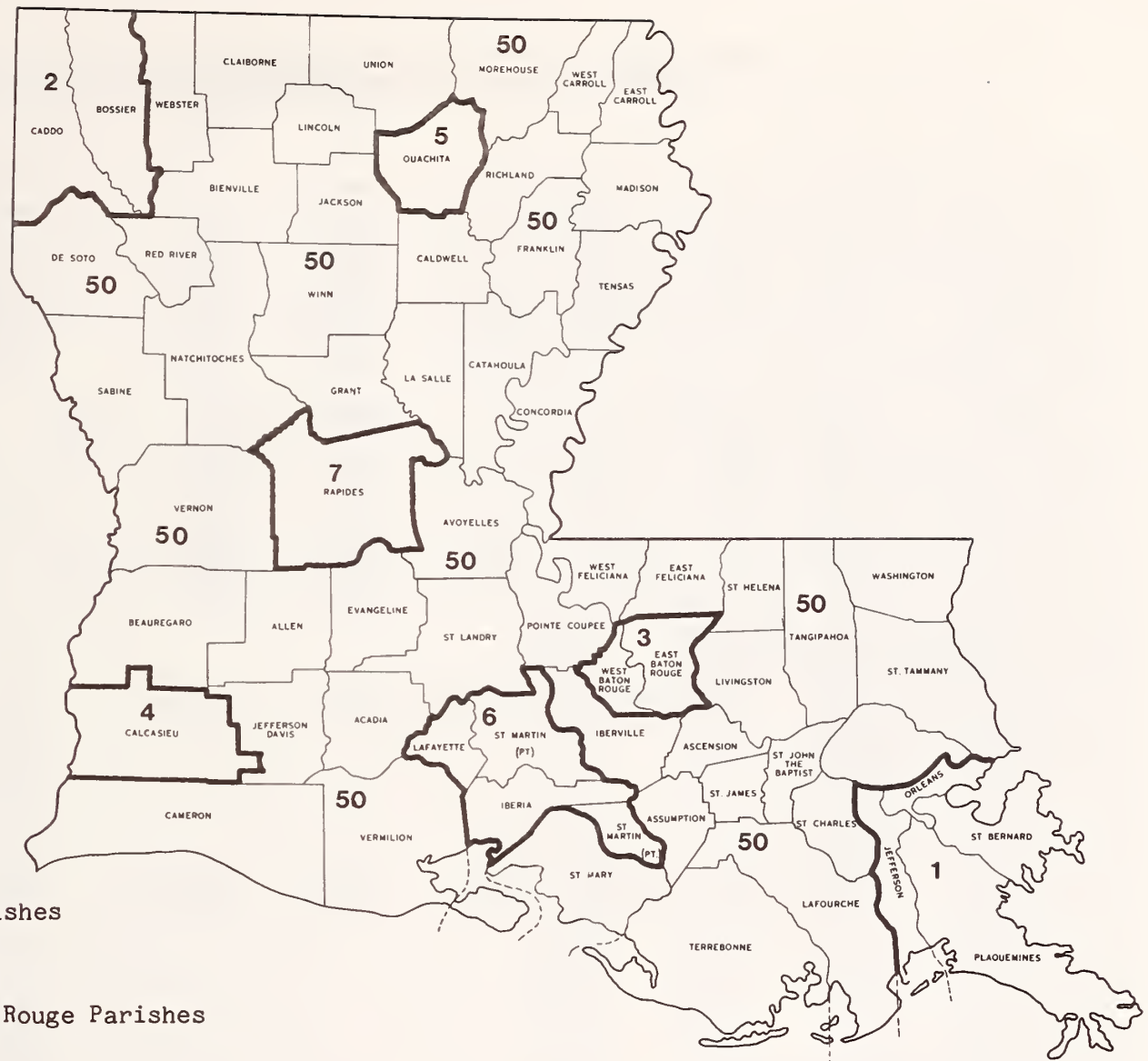
1982 PREVAILING CHARGE SUMMARY DATA METROPOLITAN LIFE INSURANCE CO.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

KENTUCKY  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | I       | II      | III     | I       | II      | III     |     |
|----------------------------------|---------|---------|---------|---------|---------|---------|-----|
| 56 HEMORRHOIDECTOMY              |         |         |         | 440.00  | 358.00* | 313.25* | 56  |
| 57 CHOLECYSTECTOMY               |         |         |         | 671.25* | 626.50* | 626.50* | 57  |
| 58 REPAIR HERNIA                 |         |         |         | 447.50* | 447.50* | 358.00* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 44.75*  | 44.75*  | 44.75*  | 44.75*  | 53.70*  | 44.75*  | 59  |
| 60 DILATION OF URETHRA           |         |         |         | 15.00   | 17.90*  | 15.00   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         |         |         | 880.00  | 716.00* | 859.20* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 716.00* | 716.00* | 716.00* | 716.00* | 716.00* | 716.00* | 62  |
| 63 HYSTERECTOMY                  |         |         |         | 800.00  | 760.75* | 626.50* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |         |         | 35.80*  | 26.90*  | 35.80*  | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |         |         | 35.80*  | 26.90*  | 35.80*  | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |         |         | 17.00   | 10.70*  | 9.00*   | 66  |
| 67 EXTRACTION OF LENS            | 716.00* | 716.00* | 716.00* | 716.00* | 716.00* | 716.00* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 25.00   | 17.90*  | 17.90*  | 20.00   | 17.90*  | 17.90   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 25.00   | 26.90*  | 26.90*  | 25.00   | 24.90   | 26.90   | 69  |
| 70 X-RAY SPINE                   |         |         |         | 25.00   | 30.00   | 20.00   | 70  |
| 71 X-RAY HIP                     |         |         |         | 25.00   | 26.90*  | 26.90*  | 71  |
| 72 X-RAY UPPER GI TRACT          | 52.00   | 38.00   | 28.00   | 24.00   | 52.50   | 28.00   | 72  |
| 73 X-RAY COLON                   |         |         |         | 25.30   | 30.00   | 25.00   | 73  |
| 74 RADIATION THERAPY-LOW VOLT    |         |         |         | 25.00   | 25.00   | 25.00   | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |         |         |         | 26.00   | 31.50   | 26.00   | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         |         |         | 36.70*  | 31.30*  | 34.00*  | 76  |
| 77 CAT SCAN - HEAD               |         |         |         | 60.30*  | 53.30*  | 65.50*  | 77  |
| 78 CAT SCAN - ABDOMEN            |         |         |         | 72.30*  | 58.50   | 65.50*  | 78  |
| 79 THREE CHEMISTRY TESTS         |         |         |         | 6.75    | 6.75    | 6.75    | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |         |         | 8.25    |         | 8.25    | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         |         |         | 15.00   | 15.00   | 15.00   | 81  |
| 82 HEMOGLOBIN                    |         |         |         | 3.00L   | 3.00L   | 3.00L   | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |         |         | 6.75    | 6.75    | 6.75    | 83  |
| 84 WHITE CELL COUNT              |         |         |         | 3.00L   | 3.00L   | 3.00L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |         |         | 8.00L   | 8.00L   | 8.00L   | 85  |
| 86 CHOLESTEROL TEST              |         |         |         | 8.00L   | 8.00L   | 8.00L   | 86  |
| 87 FLOCCULATION TEST             |         |         |         | 6.25    | 6.25    | 6.25    | 87  |
| 88 HEMATOCRIT                    |         |         |         | 3.00L   | 3.00L   | 3.00L   | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |         |         | 7.00    | 7.00    | 7.00    | 89  |
| 90 POTASSIUM TEST - BLOOD        |         |         |         | 9.00    | 9.00    | 9.00    | 90  |
| 91 PROTHROMBIN TIME TEST         |         |         |         | 6.00L   | 6.00L   | 6.00L   | 91  |
| 92 SEDIMENTATION RATE            |         |         |         | 5.00L   | 5.00L   | 5.00L   | 92  |
| 93 BLOOD SUGAR                   |         |         |         | 6.00L   | 6.00L   | 6.00L   | 93  |
| 94 BUN-UREA - NITROGEN           |         |         |         | 7.00L   | 7.00L   | 7.00L   | 94  |
| 95 URIC ACID                     |         |         |         | 8.00L   | 8.00L   | 8.00L   | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |         |         |         | 4.00    | 4.00    | 4.00    | 96  |
| 97 PAP TEST                      |         |         |         | 8.00L   | 8.00L   | 8.00L   | 97  |
| 98 ROUTINE URINALYSIS            |         |         |         | 4.00L   | 4.00L   | 4.00L   | 98  |
| 99 CHEMICAL URINALYSIS           |         |         |         | 5.00    | 5.00    | 5.00    | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |         |         | 22.60   | 22.60   | 22.60   | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |         |         | 32.00   | 13.20*  | 49.40*  | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |         |         | 895.00* | 966.60* | 859.20* | 102 |
| 103 KIDNEY TRANSPLANT            |         |         |         | 1425.30 | 1425.30 | 1425.30 | 103 |
| 104 HOSPITAL BED - RENTAL        |         |         |         | 40.00L  | 40.00L  | 40.00L  | 104 |
| 105 WALKER - RENTAL              |         |         |         | 10.00   | 10.00   | 10.00   | 105 |
| 106 WHEELCHAIR - RENTAL          |         |         |         | 18.00L  | 18.00L  | 18.00L  | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         |         |         |         |         |         | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |         |         | 414.00L | 414.00L | 414.00L | 108 |
| 109 WALKER - PURCHASE            |         |         |         | 39.00   | 39.00   | 39.00   | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |         |         | 225.00L | 225.00L | 225.00L | 110 |

LOUISIANA

# LOUISIANA



## Eight Localities:

- 01 - Orleans Parish, Jefferson, St. Bernard, Plaquemines Parishes
- 02 - Caddo, Bossier Parishes
- 03 - East Baton Rouge, West Baton Rouge Parishes
- 04 - Calcasieu Parish
- 05 - Ouachita Parish
- 06 - Lafayette, Iberia, St. Martin Parishes
- 07 - Rapides Parish
- 50 - All other Parishes

1982 PREVAILING CHARGE SUMMARY DATA PAN-AMERICAN LIFE INSURANCE CO.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

LOUISIANA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 01      | 02      | 03      | 04      | 01      | 02      | 03      | 04      |    |
|----------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |         |         |         | 44.70*  | 44.70*  | 44.70*  | 44.70*  | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 25.00   | 22.50*  | 25.00   | 26.80*  | 44.70*  | 44.70*  | 44.70*  | 44.70*  | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |         |         | 44.70*  | 44.70*  | 44.70*  | 44.70*  | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 25.00   | 22.50*  | 25.00   | 26.80*  | 44.70*  | 44.70*  | 44.70*  | 44.70*  | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 6.00    | 5.30*   | 5.00    | 5.00    | 8.90*   | 5.00    | 6.30*   | 8.00    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 12.50*  | 10.70*  | 12.50*  | 8.90*   | 14.10*  | 12.50*  | 14.10*  | 14.10*  | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 18.00*  | 18.00*  | 21.50*  | 12.50*  | 18.00*  | 26.80*  | 18.00*  | 18.00*  | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 18.00*  | 18.00*  | 21.50*  | 12.50*  | 18.00*  | 26.80*  | 18.00*  | 18.00*  | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 18.00*  | 18.00*  | 21.50*  | 12.50*  | 18.00*  | 26.80*  | 18.00*  | 18.00*  | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 15.50   | 15.50   | 15.50   | 13.90*  | 13.40*  | 15.70*  | 14.90*  | 11.90*  | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 21.50*  | 15.00   | 15.00   | 18.00*  | 26.80*  | 18.00*  | 17.10*  | 20.00   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |         |         |         |         |         |         |         | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 25.00   | 25.00   | 25.00   | 25.00   |         |         |         |         | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |         |         |         |         |         |         | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 12.50*  | 10.70*  | 12.50*  | 8.90*   | 14.10*  | 12.50*  | 14.10   | 14.10*  | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 44.70*  | 44.70*  | 35.70*  | 26.80*  | 44.70*  | 62.60*  | 44.70*  | 44.70*  | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         |         |         | 62.60*  | 89.60*  | 62.60*  | 50.00   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 80.40*  | 75.00   | 50.00   | 60.00   | 62.60*  | 89.60*  | 62.60*  | 50.00   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 18.00*  | 18.00*  | 14.10*  | 18.00*  | 21.50*  | 21.50*  | 18.00*  | 20.00   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 18.00*  | 18.00*  | 14.10*  | 18.00*  | 21.50*  | 21.50*  | 18.00*  | 20.00   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 40.00   | 44.70*  | 35.00   | 30.00   | 44.70*  | 35.00   | 30.00   | 35.00   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         |         |         | 44.70*  | 35.00   | 30.00   | 35.00   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |         |         |         | 35.70*  | 35.00   | 26.80*  | 30.00   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         |         |         | 35.70*  | 35.00   | 26.80*  | 30.00   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |         |         |         | 14.50   | 15.70*  | 15.70*  | 16.70   | 25 |
| 26 LIMITED CONSULTATION          | 44.70*  | 50.00   | 50.00   | 44.70*  | 62.60*  | 75.00   | 44.70*  | 50.00   | 26 |
| 27 EXTENSIVE CONSULTATION        |         |         |         |         | 75.00   | 107.40* | 60.00   | 62.60*  | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |         |         |         | 62.60*  | 85.00   | 83.30*  | 79.20*  | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |         |         |         | 6.10    | 5.80    | 8.90*   | 8.90*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |         |         |         | 6.10    | 5.80    | 8.90*   | 8.90*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |         |         |         |         | 15.00   | 12.00   | 15.00   | 9.80*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |         |         |         |         |         |         |         | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |         |         |         | 16.00   | 18.00*  | 16.10*  | 16.10*  | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 26.80*  | 25.00   | 30.00   | 25.00   | 26.80*  | 25.00   | 30.00   | 25.00   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 12.00   | 15.00   | 13.40*  | 13.40*  | 12.00   | 15.00   | 20.00   | 15.00   | 35 |
| 36 SPIROMETRY                    |         |         |         |         | 70.60*  | 55.00   | 75.00   | 46.20*  | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |         |         |         | 42.00   | 35.00   | 42.00   | 35.00*  | 37 |
| 38 CHEMOTHERAPY                  |         |         |         |         |         |         |         |         | 38 |
| 39 COLLECTION OF SPECIMENS       |         |         |         |         | 11.84   | 5.10    | 8.12    | 5.45    | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |         |         |         | 20.00   | 20.00   | 16.80*  | 17.20*  | 40 |
| 41 SKIN BIOPSY                   |         |         |         |         | 30.00   | 30.00   | 30.00   | 30.00   | 41 |
| 42 CHEMOCAUTERY                  |         |         |         |         | 18.00*  | 18.00*  | 20.00   | 16.70*  | 42 |
| 43 RADICAL MASTECTOMY            |         |         |         |         | 1250.00 | 805.50* | 895.00* | 895.00* | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |         |         |         | 895.00* | 895.00* | 895.00* | 895.00* | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 8.00    | 15.00   | 17.50   | 21.50*  | 18.00*  | 25.00   | 18.00*  | 26.80*  | 45 |
| 46 CORONARY ARTERY BYPASS        |         |         |         |         | 617.50* | 960.40* | 644.40* | 875.40* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         |         |         | 792.20* | 792.20* | 925.20* | 792.20* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |         |         |         | 26.80*  | 26.80*  | 26.80*  | 25.50*  | 48 |
| 49 BRONCHOSCOPY                  |         |         |         |         | 266.20  | 179.00* | 223.70* | 223.70* | 49 |
| 50 THORACENTESIS                 |         |         |         |         | 100.00  | 44.70*  | 40.00   | 70.60*  | 50 |
| 51 CATHETERIZATION OF HEART      |         |         |         |         | 352.70* | 322.60* | 381.00* | 444.70* | 51 |
| 52 INSERTION OF PACEMAKER        |         |         |         |         | 900.00  | 895.00* | 879.00* | 832.50* | 52 |
| 53 PARTIAL COLECTOMY             |         |         |         |         | 1295.00 | 895.00* | 859.25* | 895.00* | 53 |
| 54 APPENDECTOMY                  | 473.00* | 499.00* | 374.50* | 356.50* | 600.00  | 537.00* | 537.00* | 537.00* | 54 |
| 55 SIGMOIDOSCOPY                 |         |         |         |         | 44.70*  | 35.70*  | 26.80*  | 44.70*  | 55 |



1982 PREVAILING CHARGE SUMMARY DATA PAN-AMERICAN LIFE INSURANCE CO.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

LOUISIANA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | O1      | O2      | O3      | O4      | O1      | O2      | O3      | O4      |     |
|----------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|-----|
| 56 HEMORRHOIDECTOMY              |         |         |         |         | 537.00* | 402.70* | 447.40* | 447.40* | 56  |
| 57 CHOLECYSTECTOMY               |         |         |         |         | 895.00* | 626.50* | 626.50* | 626.50* | 57  |
| 58 REPAIR HERNIA                 |         |         |         |         | 500.00  | 425.00  | 537.00* | 358.00* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 80.00   | 60.00   | 57.50*  | 66.50*  | 71.60*  | 44.70*  | 62.60*  | 62.60*  | 59  |
| 60 DILATION OF URETHRA           |         |         |         |         | 15.00   | 18.00*  | 12.50*  | 18.00*  | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         |         |         |         | 895.00* | 760.80* | 75.00   | 805.50* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 942.70* | 848.30* | 779.25* | 892.70* | 895.00* | 760.80* | 75.00   | 805.50* | 62  |
| 63 HYSTERECTOMY                  |         |         |         |         | 950.00  | 895.00* | 716.00* | 895.00* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |         |         |         | 32.00   | 36.00   | 32.00   | 32.00   | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |         |         |         | 32.00   | 36.00   | 32.00   | 32.00   | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |         |         |         | 14.10*  | 10.70*  | 14.10*  | 12.50*  | 66  |
| 67 EXTRACTION OF LENS            | 713.10* | 713.10* | 708.50* | 765.90* | 895.00* | 895.00* | 805.50* | 716.00* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 20.00   | 25.00   | 26.80*  | 25.00   | 26.80*  | 15.00   | 26.80*  | 26.80*  | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 31.30*  | 30.00   | 26.80*  | 30.00   | 32.20*  | 27.50   | 32.20*  | 28.00   | 69  |
| 70 X-RAY SPINE                   |         |         |         |         | 62.60*  | 47.50   | 62.60*  | 62.60*  | 70  |
| 71 X-RAY HIP                     |         |         |         |         | 28.60*  | 35.70*  | 35.70*  | 40.00   | 71  |
| 72 X-RAY UPPER GI TRACT          | 62.60*  | 62.60*  | 62.60*  | 72.00   | 71.60*  | 25.00   | 67.00   | 63.00   | 72  |
| 73 X-RAY COLON                   |         |         |         |         | 71.60*  | 71.60*  | 70.00   | 62.60*  | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 20.00   | 18.80*  | 20.80*  | 24.20*  | 23.00   | 21.90*  | 23.00   | 23.00   | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  | 33.00   | 29.50*  | 32.70*  | 33.00   | 33.00   | 33.00   | 33.00   | 32.10*  | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         |         |         |         | 41.00   | 41.00   | 41.00   | 41.00   | 76  |
| 77 CAT SCAN - HEAD               |         |         |         |         | 300.00  | 300.00  | 300.00  | 285.40* | 77  |
| 78 CAT SCAN - ABDOMEN            |         |         |         |         | 300.00  | 300.00  | 300.00  | 285.40* | 78  |
| 79 THREE CHEMISTRY TESTS         |         |         |         |         | 90.00   | 90.00   | 90.00   | 90.00   | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |         |         |         | 35.00   | 27.00   | 24.00   | 25.00   | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         |         |         |         | 18.20   | 14.50   | 20.00   | 11.00   | 81  |
| 82 HEMOGLOBIN                    |         |         |         |         | 4.50    | 5.00    | 5.00    | 5.00    | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |         |         |         | 14.00   | 12.00   | 12.00   | 12.00   | 83  |
| 84 WHITE CELL COUNT              |         |         |         |         | 4.25    | 5.00    | 5.00    | 6.50    | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |         |         |         | 14.00   | 12.00   | 12.00   | 12.00   | 85  |
| 86 CHOLESTEROL TEST              |         |         |         |         | 10.00   | 10.00   | 8.00    | 8.00    | 86  |
| 87 FLOCCULATION TEST             |         |         |         |         | 6.25    | 7.00    | 6.00    | 7.50    | 87  |
| 88 HEMATOCRIT                    |         |         |         |         | 5.00    | 4.00    | 5.00    | 3.50    | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |         |         |         | 12.50   | 11.00   | 6.00    | 8.00    | 89  |
| 90 POTASSIUM TEST - BLOOD        |         |         |         |         | 10.00   | 10.00   | 7.50    | 8.50    | 90  |
| 91 PROTHROMBIN TIME TEST         |         |         |         |         | 8.50    | 10.00   | 6.00    | 6.00    | 91  |
| 92 SEDIMENTATION RATE            |         |         |         |         | 7.00    | 10.00   | 6.00    | 7.50    | 92  |
| 93 BLOOD SUGAR                   |         |         |         |         | 10.00   | 10.00   | 7.00    | 9.00    | 93  |
| 94 BUN-UREA - NITROGEN           |         |         |         |         | 12.00   | 10.00   | 7.50    | 8.50    | 94  |
| 95 URIC ACID                     |         |         |         |         | 11.00   | 10.00   | 7.50    | 9.00    | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |         |         |         |         | 6.00    | 10.00   | 5.00    | 7.00    | 96  |
| 97 PAP TEST                      |         |         |         |         | 11.25   | 11.00   | 7.50    | 6.50    | 97  |
| 98 ROUTINE URINALYSIS            |         |         |         |         | 7.25    | 8.00    | 6.00    | 9.00    | 98  |
| 99 CHEMICAL URINALYSIS           |         |         |         |         | 4.00    | 4.00    | 4.00    | 4.00    | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |         |         |         | 23.30   | 20.00   | 17.00   | 20.00   | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |         |         |         | 42.50   | 40.25   | 42.45   | 39.62   | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |         |         |         | 13.80   | 12.15   | 13.80   | 13.80   | 102 |
| 103 KIDNEY TRANSPLANT            |         |         |         |         | 28.05   | 26.87   | 29.10   | 24.25   | 103 |
| 104 HOSPITAL BED - RENTAL        |         |         |         |         | 657.10  | 657.10  | 657.10  | 657.10  | 104 |
| 105 WALKER - RENTAL              |         |         |         |         | 48.25   | 47.47   | 51.48   | 47.37   | 105 |
| 106 WHEELCHAIR - RENTAL          |         |         |         |         | 289.10  | 289.10  | 346.50  | 289.10  | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         |         |         |         |         |         |         |         | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |         |         |         |         |         |         |         | 108 |
| 109 WALKER - PURCHASE            |         |         |         |         |         |         |         |         | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |         |         |         |         |         |         |         | 110 |



1982 PREVAILING CHARGE SUMMARY DATA PAN-AMERICAN LIFE INSURANCE CO.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

LOUISIANA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 05      | 06      | 07      | 50      | 05      | 06      | 07      | 50      |    |
|----------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |         |         |         | 44.70*  | 44.70*  | 42.00   | 35.70*  | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 25.00   | 25.00   | 21.50*  | 20.00   | 44.70*  | 44.70*  | 42.00   | 35.70*  | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |         |         | 44.70*  | 44.70*  | 42.00   | 35.70*  | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 25.00   | 25.00   | 21.50*  | 20.00   | 44.70*  | 44.70*  | 42.00   | 35.70*  | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 5.30*   | 8.00    | 5.30*   | 5.30*   | 7.00    | 6.30*   | 7.00    | 6.30*   | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 8.90*   | 8.90*   | 10.70*  | 8.90*   | 14.10*  | 14.10*  | 14.10*  | 12.50*  | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 18.00   | 15.00   | 14.10*  | 14.10*  | 18.00*  | 18.00*  | 18.00*  | 18.00*  | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 18.00   | 15.00   | 14.10*  | 14.10*  | 18.00*  | 18.00*  | 18.00*  | 18.00*  | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 18.00   | 15.00   | 14.10*  | 14.10*  | 18.00*  | 18.00*  | 18.00*  | 18.00*  | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 14.60*  | 14.60*  | 13.90*  | 9.40    | 13.40*  | 11.70   | 13.40*  | 11.20*  | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 14.10*  | 18.00*  | 22.00   | 18.00*  | 25.00   | 16.70*  | 17.10*  | 18.00*  | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |         |         |         |         |         |         |         | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 25.00   | 25.00   | 25.00   | 25.00   |         |         |         |         | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |         |         |         |         |         |         | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 8.90*   | 8.90    | 10.00   | 8.90*   | 14.10*  | 14.10*  | 14.10   | 12.50*  | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 37.70*  | 35.00   | 26.80*  | 35.70*  | 44.70*  | 50.00   | 42.00   | 44.70*  | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         |         |         | 66.00   | 62.60*  | 75.00   | 62.60*  | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 44.70*  | 50.00   | 50.00   | 50.00   | 66.00   | 62.60*  | 75.00   | 62.60*  | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 18.40*  | 18.00*  | 18.00*  | 18.00*  | 18.00*  | 18.00*  | 21.50*  | 20.00   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 18.40*  | 18.00*  | 18.00*  | 18.00*  | 18.00*  | 18.00*  | 21.50*  | 20.00   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 35.70*  | 26.80*  | 35.00   | 35.00   | 40.00   | 28.90*  | 42.00   | 35.70*  | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         |         |         | 40.00   | 28.90*  | 42.00   | 35.70*  | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |         |         |         | 26.80*  | 26.80*  | 18.00*  | 26.80*  | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         |         |         | 26.80*  | 26.80*  | 18.00*  | 26.80*  | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |         |         |         | 15.70*  | 15.00   | 6.25    | 11.20*  | 25 |
| 26 LIMITED CONSULTATION          | 44.70*  | 44.70*  | 35.70*  | 35.00   | 44.70*  | 44.70*  | 42.00   | 44.70*  | 26 |
| 27 EXTENSIVE CONSULTATION        |         |         |         |         | 62.60*  | 62.60*  | 62.60*  | 62.60*  | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |         |         |         | 71.00*  | 85.00   | 85.00   | 80.40*  | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |         |         |         | 5.00    | 5.40    | 5.80    | 6.25    | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |         |         |         | 5.00    | 5.40    | 5.80    | 6.25    | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |         |         |         |         | 13.00*  | 13.90*  | 10.00   | 13.00*  | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |         |         |         |         |         |         |         | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |         |         |         | 16.10*  | 16.10*  | 16.10*  | 14.10*  | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 25.00   | 25.00   | 18.00*  | 25.00   | 25.00   | 25.00   | 25.00   | 25.00   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 12.50*  | 13.40*  | 12.50*  | 13.40*  | 15.00   | 20.00   | 15.00   | 15.00   | 35 |
| 36 SPIROMETRY                    |         |         |         |         | 46.20*  | 43.10*  | 75.00   | 41.80*  | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |         |         |         | 42.00   | 42.00   | 27.20*  | 27.20*  | 37 |
| 38 CHEMOTHERAPY                  |         |         |         |         |         |         |         |         | 38 |
| 39 COLLECTION OF SPECIMENS       |         |         |         |         | 5.99    | 5.86    | 7.30    | 6.40    | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |         |         |         | 16.90*  | 20.00   | 16.80*  | 20.00   | 40 |
| 41 SKIN BIOPSY                   |         |         |         |         | 26.80*  | 26.80*  | 26.80*  | 30.00   | 41 |
| 42 CHEMOCAUTERY                  |         |         |         |         | 18.00*  | 16.70*  | 17.10*  | 25.00   | 42 |
| 43 RADICAL MASTECTOMY            |         |         |         |         | 805.50* | 895.00* | 895.00* | 760.80* | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |         |         |         | 895.00* | 895.00* | 895.00* | 41.10*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 15.00   | 19.00   | 18.00   | 17.50   | 18.00*  | 18.00*  | 18.00*  | 18.00*  | 45 |
| 46 CORONARY ARTERY BYPASS        |         |         |         |         | 609.70* | 609.20* | 618.90* | 756.40* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         |         |         | 936.90* | 981.60* | 948.75* | 895.00* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |         |         |         | 26.80*  | 26.80*  | 26.80*  | 26.80*  | 48 |
| 49 BRONCHOSCOPY                  |         |         |         |         | 223.70* | 223.70* | 223.70* | 223.70* | 49 |
| 50 THORACENTESIS                 |         |         |         |         | 58.80*  | 44.70*  | 54.40*  | 44.70*  | 50 |
| 51 CATHETERIZATION OF HEART      |         |         |         |         | 470.90* | 450.30* | 435.00* | 588.70* | 51 |
| 52 INSERTION OF PACEMAKER        |         |         |         |         | 895.00* | 895.00* | 895.00* | 895.00* | 52 |
| 53 PARTIAL COLECTOMY             |         |         |         |         | 895.00* | 805.50* | 895.00* | 895.00* | 53 |
| 54 APPENDECTOMY                  | 402.50* | 453.60* | 435.00* | 358.00* | 499.50* | 537.00* | 537.00* | 537.00* | 54 |
| 55 SIGMOIDOSCOPY                 |         |         |         |         | 35.70*  | 35.70*  | 35.70*  | 44.70*  | 55 |

1982 PREVAILING CHARGE SUMMARY DATA PAN-AMERICAN LIFE INSURANCE CO.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

LOUISIANA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 05      | 06      | 07      | 50      | 05      | 06      | 07      | 50      |     |
|----------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|-----|
| 56 HEMORRHOIDECTOMY              |         |         |         |         | 447.40* | 447.40* | 425.80* | 60.00   | 56  |
| 57 CHOLECYSTECTOMY               |         |         |         |         | 626.50* | 626.50* | 760.80* | 626.50* | 57  |
| 58 REPAIR HERNIA                 |         |         |         |         | 447.40* | 447.40* | 550.00  | 447.40* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 52.40*  | 64.70*  | 67.50*  | 71.60*  | 62.60*  | 62.60*  | 62.60*  | 71.60*  | 59  |
| 60 DILATION OF URETHRA           |         |         |         |         | 18.00*  | 18.00*  | 18.00*  | 20.00   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         |         |         |         | 805.50* | 716.00* | 805.50* | 805.50* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 713.10* | 810.60* | 880.00  | 716.00* | 805.50* | 716.00* | 805.50* | 805.50* | 62  |
| 63 HYSTERECTOMY                  |         |         |         |         | 895.00* | 895.00* | 895.00* | 716.00* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |         |         |         | 28.00   | 30.40   | 28.00   | 28.00   | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |         |         |         | 28.00   | 30.40   | 28.00   | 28.00   | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |         |         |         | 12.50*  | 8.90*   | 8.90*   | 12.00   | 66  |
| 67 EXTRACTION OF LENS            | 664.10* | 820.60* | 856.80* | 749.40* | 716.00* | 850.00  | 112.40* | 112.40* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 26.80*  | 21.50*  | 18.00*  | 21.50*  | 26.80*  | 26.80*  | 26.80*  | 23.00   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 30.00   | 28.00   | 31.30*  | 32.20*  | 32.20*  | 32.20*  | 32.20*  | 23.00   | 69  |
| 70 X-RAY SPINE                   |         |         |         |         | 62.60*  | 62.60*  | 62.60*  | 62.60*  | 70  |
| 71 X-RAY HIP                     |         |         |         |         | 31.60*  | 35.70*  | 33.25*  | 35.70*  | 71  |
| 72 X-RAY UPPER GI TRACT          | 62.60*  | 62.60*  | 62.60*  | 71.60*  | 71.60*  | 62.60*  | 71.60*  | 53.70*  | 72  |
| 73 X-RAY COLON                   |         |         |         |         | 71.60*  | 71.60*  | 71.60*  | 53.70*  | 73  |
| 74 RAOIATION THERAPY-LOW VOLT    | 23.20*  | 20.80*  | 21.70*  | 20.10*  | 23.00   | 23.00   | 23.00   | 22.60*  | 74  |
| 75 RAOIATION THERAPY-SUPER VOLT  | 33.00   | 32.70*  | 33.00   | 31.60*  | 33.00   | 33.00   | 31.20*  | 33.00   | 75  |
| 76 RAOIATION THERAPY-MEGAVOLT    |         |         |         |         | 41.00   | 41.00   | 41.00   | 41.00   | 76  |
| 77 CAT SCAN - HEAD               |         |         |         |         | 299.20* | 300.00  | 270.90* | 300.00  | 77  |
| 78 CAT SCAN - ABOOMEN            |         |         |         |         | 299.20* | 300.00  | 270.90* | 300.00  | 78  |
| 79 THREE CHEMISTRY TESTS         |         |         |         |         | 90.00   | 90.00   | 90.00   | 90.00   | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |         |         |         | 32.00   | 37.50   | 28.00   | 40.00   | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         |         |         |         | 15.00   | 23.00   | 10.00   | 16.00   | 81  |
| 82 HEMOGLOBIN                    |         |         |         |         | 5.00    | 5.00    | 4.00    | 5.00    | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |         |         |         | 10.00   | 9.00    | 10.00   | 12.00   | 83  |
| 84 WHITE CELL COUNT              |         |         |         |         | 5.00    | 5.00    | 6.00    | 5.00    | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |         |         |         | 10.00   | 9.00    | 10.00   | 12.00   | 85  |
| 86 CHOLESTEROL TEST              |         |         |         |         | 6.00    | 7.00    | 9.00    | 10.00   | 86  |
| 87 FLOCCULATION TEST             |         |         |         |         | 7.00    | 10.00   | 7.00    | 10.00   | 87  |
| 88 HEMATOCRIT                    |         |         |         |         | 5.00    | 5.00    | 5.00    | 5.00    | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |         |         |         | 5.00    | 7.00    | 10.00   | 8.00    | 89  |
| 90 POTASSIUM TEST - BLOOD        |         |         |         |         | 7.50    | 8.00    | 9.00    | 10.00   | 90  |
| 91 PROTHROMBIN TIME TEST         |         |         |         |         | 5.00    | 8.00    | 8.00    | 10.00   | 91  |
| 92 SEDIMENTATION RATE            |         |         |         |         | 6.00    | 8.00    | 7.00    | 8.00    | 92  |
| 93 BLOOD SUGAR                   |         |         |         |         | 8.00    | 8.00    | 8.00    | 10.00   | 93  |
| 94 BUN-UREA - NITROGEN           |         |         |         |         | 6.00    | 8.00    | 7.00    | 10.00   | 94  |
| 95 URIC ACID                     |         |         |         |         | 6.00    | 8.00    | 7.00    | 11.00   | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |         |         |         |         | 5.00    | 5.00    | 5.00    | 6.00    | 96  |
| 97 PAP TEST                      |         |         |         |         | 10.00   | 10.00   | 10.00   | 10.00   | 97  |
| 98 ROUTINE URINALYSIS            |         |         |         |         | 7.00    | 6.00    | 6.00    | 6.00    | 98  |
| 99 CHEMICAL URINALYSIS           |         |         |         |         | 4.00    | 4.00    | 4.00    | 4.00    | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |         |         |         | 15.00   | 21.00   | 21.00   | 20.00   | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |         |         |         | 42.50   | 45.00   | 37.00   | 33.40   | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |         |         |         | 13.80   | 11.65   | 13.80   | 10.00   | 102 |
| 103 KIDNEY TRANSPLANT            |         |         |         |         | 27.50   | 24.25   | 25.30   | 21.00   | 103 |
| 104 HOSPITAL BED - RENTAL        |         |         |         |         | 657.10  | 657.10  | 657.10  | 657.10  | 104 |
| 105 WALKER - RENTAL              |         |         |         |         | 48.25   | 50.47   | 48.25   | 45.40   | 105 |
| 106 WHEELCHAIR - RENTAL          |         |         |         |         | 289.10  | 289.10  | 289.10  | 240.00  | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         |         |         |         |         |         |         |         | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |         |         |         |         |         |         |         | 108 |
| 109 WALKER - PURCHASE            |         |         |         |         |         |         |         |         | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |         |         |         |         |         |         |         | 110 |

MAINE

# MAINE



## Three Localities:

- 01 - Northern Maine - Aroostook, Piscataquis, Penobscot, Washington, Hancock, Waldo, Somerset and Franklin Counties
- 02 - Central Maine - Oxford, Androscoggin, Kennebec, Sagadahoc, Lincoln, and Knox Counties
- 03 - Southern Maine - Cumberland and York Counties



| 1982 PREVAILING CHARGE SUMMARY DATA B/S OF MASSACHUSETTS<br>LOCALITY DESIGNATION FOR GENERAL PRACTICE |         |         |         | MAINE<br>LOCALITY DESIGNATION FOR SPECIALIST |          |          |  |    |
|---|---------|---------|---------|--|----------|----------|--|----|
| PROCEDURE DESCRIPTION   | AREA 01 | AREA 02 | AREA 03 | AREA 01                                      | AREA 02  | AREA 03  |  |    |
| 1 INITIAL BRIEF OFFICE VISIT  |         |         |         | 9.00*  | 7.20*    | 9.00*    |  | 1  |
| 2 INITIAL LIMITED OFFICE VISIT  | 30.00   | 35.00   | 25.00   | 44.75*                                       | 44.75*   | 44.75*   |  | 2  |
| 3 INITIAL INTERMED OFFICE VISIT   |         |         |         | 54.00  | 30.00    | 25.00    |  | 3  |
| 4 INITIAL COMP OFFICE VISIT   |         |         |         |  |          |          |  | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT   | 10.70*  | 12.50*  | 12.50*  | 14.30*                                       | 14.30*   | 14.30*   |  | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT   |         |         |         |  |          |          |  | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT   | 15.00   | 15.00   | 15.00   | 14.30*                                       | 15.00    | 20.00    |  | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT   |         |         |         |  |          |          |  | 8  |
| 9 EXTENDED F/U OFFICE VISIT   | 30.00   | 24.00*  | 26.00   | 26.90*                                       | 30.00    | 26.90*   |  | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT   | 30.00   | 39.40*  | 40.00   | 45.10*                                       | 26.90*   | 26.90*   |  | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT  | 14.50*  | 14.80*  | 10.70*  | 18.30*                                       | 18.25*   | 18.25*   |  | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT  |         |         |         | 21.60*                                       | 30.00    | 25.00    |  | 12 |
| 13 INTERMEDIATE F/U HOME VISIT  | 17.90*  | 16.10*  | 17.90*  | 21.50*                                       | 21.50*   | 17.90*   |  | 13 |
| 14 EXTENDED CARE FACILITY VISIT   |         |         |         | 12.50*                                       | 14.30*   | 12.50*   |  | 14 |
| 15 BRIEF F/U NURSING HOME VISIT   | 12.00   | 13.40*  | 14.10*  | 15.00  | 20.00    | 17.00*   |  | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT   | 35.00   | 40.00   | 40.00   | 50.00  | 50.00    | 70.00    |  | 16 |
| 17 INIT INTERMED HOSPITAL VISIT   |         |         |         |  |          |          |  | 17 |
| 18 INITIAL COMP HOSPITAL VISIT  |         |         |         |  |          |          |  | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT  | 12.00   | 12.50*  | 14.30*  | 15.00  | 14.30*   | 16.10*   |  | 19 |
| 20 LIMITED F/U HOSPITAL VISIT   | 10.00   | 10.00   | 10.00   | 20.00  | 17.90*   | 28.60*   |  | 20 |
| 21 INTERMED F/U HOSPITAL VISIT  |         |         |         |  |          |          |  | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT  |         |         |         | 32.10*                                       | 36.00    | 36.00    |  | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT   |         |         |         | 20.00  | 20.00    | 24.30*   |  | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT   |         |         |         |  |          |          |  | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT  |         |         |         |  |          |          |  | 25 |
| 26 LIMITED CONSULTATION   | 27.50*  | 28.70*  | 26.90*  | 25.00  | 31.30*   | 36.50*   |  | 26 |
| 27 EXTENSIVE CONSULTATION   |         |         |         | 40.00  | 44.75*   | 53.70*   |  | 27 |
| 28 COMPREHENSIVE CONSULTATION   |         |         |         | 65.00  | 60.00    | 61.00    |  | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR   |         |         |         | 68.80*                                       | 68.80*   | 68.80*   |  | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR  |         |         |         | 45.00  | 45.00    | 45.00    |  | 30 |
| 31 CHIROPRACTIC OFFICE VISIT  | 9.70*   | 9.80*   | 12.00   | 14.00  | 14.00    | 14.00    |  | 31 |
| 32 INITIAL PHYSIOTHERAPY  |         |         |         | 5.00   | 2.00     | 3.00     |  | 32 |
| 33 F/U PODIATRIC OFFICE VISIT   |         |         |         | 15.00  | 15.00    | 15.00    |  | 33 |
| 34 ELECTROCARDIOGRAM (EKG)  | 20.00   | 21.60   | 25.00   | 24.20*                                       | 25.00    | 24.30*   |  | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY  | 8.80*   | 8.80*   | 8.80*   | 9.70*  | 7.50*    | 10.00    |  | 35 |
| 36 SPIROMETRY   |         |         |         | 35.00  | 35.00    | 35.00    |  | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)   |         |         |         | 75.00  | 75.00    | 75.00    |  | 37 |
| 38 CHEMOTHERAPY   |         |         |         | 18.00  | 25.00    | 19.00    |  | 38 |
| 39 COLLECTION OF SPECIMENS  |         |         |         | 5.00   | 5.00     | 3.00     |  | 39 |
| 40 DEBRIDEMENT OF NAILS   |         |         |         | 20.00  | 20.00    | 17.90    |  | 40 |
| 41 SKIN BIOPSY  |         |         |         | 33.00  | 26.90*   | 40.00    |  | 41 |
| 42 CHEMOCAUTERY   |         |         |         | 17.90*                                       | 22.00    | 10.00    |  | 42 |
| 43 RADICAL MASTECTOMY   |         |         |         | 537.00*                                      | 626.50*  | 760.75*  |  | 43 |
| 44 OPEN REDUCTION OF FRACTURE   |         |         |         | 905.30*                                      | 905.30*  | 905.30*  |  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT   | 20.00   | 20.00   | 20.00   | 27.40*                                       | 27.40*   | 27.40*   |  | 45 |
| 46 CORONARY ARTERY BYPASS   |         |         |         |  |          |          |  | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE   |         |         |         | 1551.90*                                     | 1551.90* | 1551.90* |  | 47 |
| 48 NEEDLE PUNCTURE OF BURSA   |         |         |         | 25.00  | 25.00    | 22.40*   |  | 48 |
| 49 BRONCHOSCOPY   |         |         |         | 161.10*                                      | 134.25*  | 161.10*  |  | 49 |
| 50 THORACENTESIS  |         |         |         | 35.90*                                       | 35.90*   | 35.80*   |  | 50 |
| 51 CATHETERIZATION OF HEART   |         |         |         | 693.10*                                      | 693.10*  | 717.25*  |  | 51 |
| 52 INSERTION OF PACEMAKER   |         |         |         | 1000.00                                      | 984.50*  | 1000.00  |  | 52 |
| 53 PARTIAL COLECTOMY  |         |         |         | 800.00                                       | 805.50*  | 895.00*  |  | 53 |
| 54 APPENDECTOMY   | 372.30* | 386.60* | 310.00* | 725.00                                       | 358.00*  | 464.00   |  | 54 |
| 55 SIGMOIDOSCOPY  |         |         |         | 28.50*                                       | 35.00    | 26.90*   |  | 55 |



1982 PREVAILING CHARGE SUMMARY DATA B/S OF MASSACHUSETTS  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MAINE  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | AREA 01 | AREA 02 | AREA 03 | AREA 01 | AREA 02 | AREA 03 |     |
|----------------------------------|---------|---------|---------|---------|---------|---------|-----|
| 56 HEMORRHOIDECTOMY              |         |         |         | 268.50* | 268.50* | 349.10* | 56  |
| 57 CHOLECYSTECTOMY               |         |         |         | 626.50* | 599.70* | 644.40* | 57  |
| 58 REPAIR HERNIA                 |         |         |         | 367.50  | 358.00* | 402.75* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 49.60*  | 48.20*  | 38.10*  | 53.90*  | 53.90*  | 53.90*  | 59  |
| 60 DILATION OF URETHRA           |         |         |         | 21.60*  | 21.60*  | 21.60*  | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         |         |         | 862.20* | 862.20* | 862.20* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 793.90* | 800.00  | 759.00* | 862.20* | 862.20* | 862.20  | 62  |
| 63 HYSTERECTOMY                  |         |         |         | 862.20* | 862.20* | 862.20* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |         |         | 28.50   | 28.50   | 28.50   | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |         |         |         |         |         | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |         |         |         |         |         | 66  |
| 67 EXTRACTION OF LENS            | 682.30* | 773.30* | 620.10* | 718.50* | 718.50* | 718.50* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 22.40*  | 22.40*  | 22.40*  | 22.40*  | 20.00   | 22.00   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 27.00   | 27.00   | 27.00   | 31.30*  | 31.30*  | 31.30*  | 69  |
| 70 X-RAY SPINE                   |         |         |         | 31.00   | 30.00   | 37.90*  | 70  |
| 71 X-RAY HIP                     |         |         |         | 25.00   | 25.60*  | 25.60*  | 71  |
| 72 X-RAY UPPER GI TRACT          | 71.40*  | 71.40*  | 71.40*  | 71.40*  | 71.40*  | 71.40*  | 72  |
| 73 X-RAY COLON                   |         |         |         | 64.80*  | 64.80*  | 64.80*  | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 35.00   | 35.00   | 35.00   | 35.00*  | 21.70*  | 21.70*  | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |         |         |         |         |         |         | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         |         |         |         |         |         | 76  |
| 77 CAT SCAN - HEAD               |         |         |         |         |         |         | 77  |
| 78 CAT SCAN - ABDOMEN            |         |         |         |         |         |         | 78  |
| 79 THREE CHEMISTRY TESTS         |         |         |         | 24.00   | 27.50   | 12.00   | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |         |         | 15.00   | 20.00   | 18.00   | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         |         |         | 6.00    | 6.00    | 8.50    | 81  |
| 82 HEMOGLOBIN                    |         |         |         | 2.60L   | 2.60L   | 2.60L   | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |         |         | 10.00   | 10.00   | 10.00   | 83  |
| 84 WHITE CELL COUNT              |         |         |         | 3.50L   | 3.50L   | 3.50L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |         |         | 9.00L   | 9.00L   | 9.00L   | 85  |
| 86 CHOLESTEROL TEST              |         |         |         | 5.00L   | 5.00L   | 5.00L   | 86  |
| 87 FLOCCULATION TEST             |         |         |         |         |         |         | 87  |
| 88 HEMATOCRIT                    |         |         |         | 3.00L   | 3.00L   | 3.00L   | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |         |         | 7.60    | 8.00    | 6.00    | 89  |
| 90 POTASSIUM TEST - BLOOD        |         |         |         | 9.00    | 10.00   | 7.40    | 90  |
| 91 PROTHROMBIN TIME TEST         |         |         |         | 6.00L   | 6.00L   | 6.00L   | 91  |
| 92 SEDIMENTATION RATE            |         |         |         | 4.50L   | 4.50L   | 4.50L   | 92  |
| 93 BLOOD SUGAR                   |         |         |         | 5.00L   | 5.00L   | 5.00L   | 93  |
| 94 BUN-UREA - NITROGEN           |         |         |         | 7.00L   | 7.00L   | 7.00L   | 94  |
| 95 URIC ACID                     |         |         |         | 5.00L   | 5.00L   | 5.10L   | 95  |
| 96 FECES-OCULT BLOOD-SCREENING   |         |         |         | 3.00    | 2.00    | 3.00    | 96  |
| 97 PAP TEST                      |         |         |         | 5.00L   | 5.00L   | 5.00L   | 97  |
| 98 ROUTINE URINALYSIS            |         |         |         | 3.80L   | 3.80L   | 3.80L   | 98  |
| 99 CHEMICAL URINALYSIS           |         |         |         | 3.00    | 3.00    | 3.80    | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |         |         | 20.00   | 20.00   | 20.00   | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |         |         | 50.00 P | 50.00 P | 50.00 P | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |         |         |         |         |         | 102 |
| 103 KIDNEY TRANSPLANT            |         |         |         |         |         |         | 103 |
| 104 HOSPITAL BED - RENTAL        |         |         |         | 60.00   | 60.00   | 60.00   | 104 |
| 105 WALKER - RENTAL              |         |         |         | 15.00   | 15.00   | 15.00   | 105 |
| 106 WHEELCHAIR - RENTAL          |         |         |         | 25.00L  | 25.00L  | 25.00L  | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         |         |         | 115.00  | 115.00  | 115.00  | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |         |         | 547.90  | 547.90  | 547.90  | 108 |
| 109 WALKER - PURCHASE            |         |         |         | 37.00   | 37.00   | 37.00   | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |         |         | 269.99L | 269.99L | 269.99L | 110 |

MARYLAND

# MARYLAND



Three Localities: (Exclusive of Washington D.C. Locality.)

- 01 Baltimore City, Baltimore, Howard, Harford, Anne Arundel and Carroll Counties
- 02 Frederick, Washington, Allegany and Garrett Counties
- 03 Calvert, Charles, St. Mary's, Cecil, Kent, Queen Anne's, Caroline, Talbot, Dorchester, Wicomico, Somerset and Worcester Counties

1982 PREVAILING CHARGE SUMMARY DATA      B/S OF MARYLAND  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MARYLAND  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | ZONE 1 | ZONE 2 | ZONE 3 | ZONE 1   | ZONE 2   | ZONE 3   |    |
|----------------------------------|--------|--------|--------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |        |        |        | 20.00    | 18.00*   | 18.00*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 20.00  | 15.00  | 15.00  | 22.00    | 20.00    | 20.00    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |        |        |        | 22.00    | 20.00    | 20.00    | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 35.00  | 35.00  | 20.00  | 85.00    | 65.00    | 60.00    | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 7.00   | 3.00   | 8.00   | 8.00     | 3.00     | 8.90*    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 12.50* | 14.00  | 14.00  | 20.00    | 18.00*   | 18.00*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 20.00  | 15.00  | 15.00  | 22.00    | 20.00    | 20.00    | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 20.00  | 15.00  | 15.00  | 22.00    | 20.00    | 20.00    | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 20.00  | 25.00  | 15.00  | 30.00    | 25.00    | 30.00    | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 35.00  | 45.00  | 15.00  | 71.70*   | 65.00    | 62.60*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 18.00* | 18.00* | 18.00* | 23.00    | 24.00    | 25.00    | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |        |        |        | 25.00    | 24.00    | 21.50*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 25.00  | 20.00  | 25.00  | 25.00    | 24.00    | 21.50*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |        |        |        | 23.30*   | 18.00*   | 18.00*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 12.50* | 14.00* | 12.50* | 20.00*   | 18.00*   | 18.00*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 44.70* | 44.70* | 44.70* | 89.40*   | 70.00    | 80.00    | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |        |        |        | 89.40*   | 70.00    | 80.00    | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 44.70* | 44.70* | 44.70* | 89.40*   | 70.00    | 80.00    | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 18.00* | 12.50* | 14.10* | 18.00*   | 18.00*   | 18.00*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 25.00  | 18.00* | 18.00* | 26.90*   | 20.00    | 20.00    | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 25.00  | 18.00* | 18.00* | 26.90*   | 20.00    | 20.00    | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |        |        |        | 40.00    | 30.00    | 30.00    | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |        |        |        | 15.00    | 25.00    | 18.00*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |        |        |        | 30.00    | 25.00    | 25.00    | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |        |        |        | 30.00    | 25.00    | 25.00    | 25 |
| 26 LIMITED CONSULTATION          | 35.70* | 35.70* | 44.70* | 62.60*   | 62.60*   | 60.00    | 26 |
| 27 EXTENSIVE CONSULTATION        |        |        |        | 62.60*   | 62.60*   | 60.00    | 27 |
| 28 COMPREHENSIVE CONSULTATION    |        |        |        | 89.40*   | 70.00    | 80.00    | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |        |        |        | 62.60*   | 19.60*   | 36.10*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |        |        |        | 40.00    | 30.00    | 31.50*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |        |        |        | 12.80*   | 10.60*   | 13.00*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |        |        |        | 24.00    | 24.00    | 20.00    | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |        |        |        | 12.80*   | 13.30*   | 15.50*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 25.00  | 25.00  | 25.00  | 26.00    | 25.00    | 25.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 12.50* |        | 12.50* | 12.50*   | 12.50*   | 12.50*   | 35 |
| 36 SPIROMETRY                    |        |        |        | 20.00*   | 33.00    |          | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |        |        |        | 89.40*   | 95.00    |          | 37 |
| 38 CHEMOTHERAPY                  |        |        |        | 32.00    | 25.00    | 30.00    | 38 |
| 39 COLLECTION OF SPECIMENS       |        |        |        | 6.00     | 5.00     | 5.25     | 39 |
| 40 DEBRIDEMENT OF NAILS          |        |        |        | 25.00    | 20.00    | 40.00    | 40 |
| 41 SKIN BIOPSY                   |        |        |        | 44.70*   | 35.00    | 35.70*   | 41 |
| 42 CHEMOCAUTERY                  |        |        |        | 25.00    | 35.00    | 15.00*   | 42 |
| 43 RADICAL MASTECTOMY            |        |        |        | 765.50*  | 625.00   | 785.70*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |        |        |        | 895.20*  | 895.20*  | 895.20*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 30.00  | 25.00* | 26.90* | 44.70*   | 35.70*   | 30.00    | 45 |
| 46 CORONARY ARTERY BYPASS        |        |        |        | 2551.60* |          | 2106.80* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |        |        |        | 1790.00* | 1790.00* | 1790.00* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |        |        |        | 40.00    | 42.00    | 44.70*   | 48 |
| 49 BRONCHOSCOPY                  |        |        |        | 179.00*  |          | 179.00*  | 49 |
| 50 THORACENTESIS                 |        |        |        | 89.40*   | 50.00    | 50.00*   | 50 |
| 51 CATHETERIZATION OF HEART      |        |        |        | 466.70*  |          | 421.20*  | 51 |
| 52 INSERTION OF PACEMAKER        |        |        |        | 1000.00  | 1000.00  | 1000.00  | 52 |
| 53 PARTIAL COLECTOMY             |        |        |        | 895.20*  | 716.20*  | 895.20*  | 53 |
| 54 APPENDECTOMY                  |        |        |        | 447.50*  | 358.10*  | 375.90*  | 54 |
| 55 SIGMOIDOSCOPY                 |        |        |        | 53.70*   | 44.70*   | 35.70*   | 55 |

1982 PREVAILING CHARGE SUMMARY DATA B/S OF MARYLAND  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

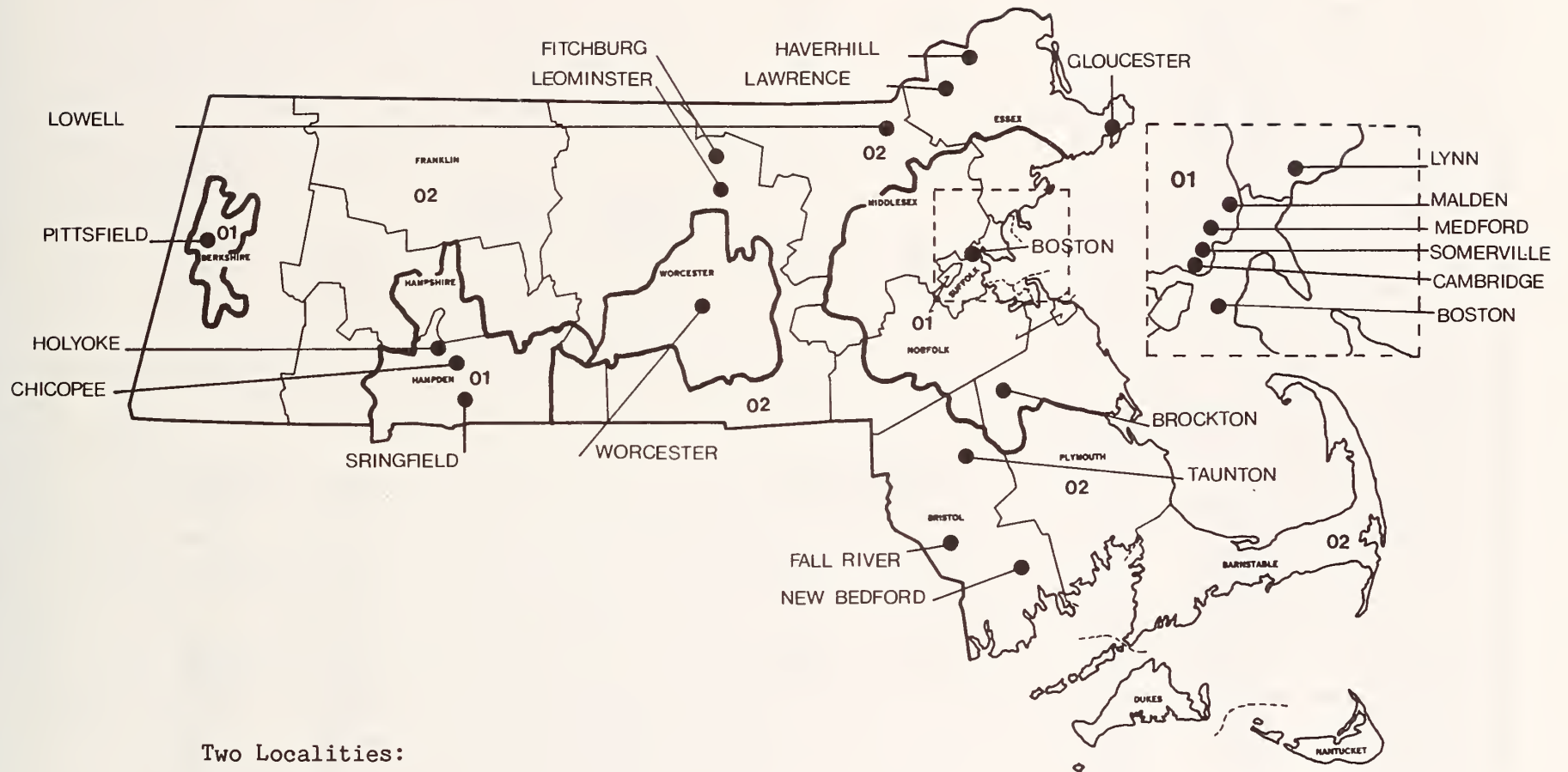
MARYLAND  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | ZONE 1 | ZONE 2 | ZONE 3 | ZONE 1   | ZONE 2  | ZONE 3  |     |
|----------------------------------|--------|--------|--------|----------|---------|---------|-----|
| 56 HEMORRHOIDECTOMY              |        |        |        | 358.10*  | 295.50* | 279.30* | 56  |
| 57 CHOLECYSTECTOMY               |        |        |        | 626.50*  | 537.10* | 626.50* | 57  |
| 58 REPAIR HERNIA                 |        |        |        | 447.50*  | 358.10* | 386.70* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  |        |        |        | 89.40*   | 40.00   | 71.70*  | 59  |
| 60 DILATION OF URETHRA           |        |        |        | 30.00    | 15.00   | 20.00   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |        |        |        | 984.60*  | 702.00* | 984.60* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) |        |        |        | 1100.00  | 920.00  | 1200.00 | 62  |
| 63 HYSTERECTOMY                  |        |        |        | 895.20*  | 850.50* | 805.60* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |        |        |        | 25.00    | 24.00   | 24.00   | 64  |
| 65 COMPREHENSIVE EYE EXAM        |        |        |        | 35.00    | 26.40   | 30.00   | 65  |
| 66 EYE EXAM WITH TONOMETRY       |        |        |        | 19.00    | 15.00   | 15.00   | 66  |
| 67 EXTRACTION OF LENS            |        |        |        | 895.20*  | 716.20* | 716.20* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 21.50* | 25.00  | 18.00* | 26.90*   | 26.90*  | 25.00   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 25.00  | 23.00  | 23.00  | 35.00    | 30.00   | 35.00   | 69  |
| 70 X-RAY SPINE                   |        |        |        | 44.70*   | 44.70*  | 42.00   | 70  |
| 71 X-RAY HIP                     |        |        |        | 35.70*   | 26.90*  | 26.90*  | 71  |
| 72 X-RAY UPPER GI TRACT          | 80.40* | 26.50* |        | 86.00    | 75.00   | 80.40*  | 72  |
| 73 X-RAY COLON                   |        |        |        | 71.70*   | 70.00   | 80.40*  | 73  |
| 74 RADIATION THERAPY-LOW VOLT    |        |        |        | 26.90*   |         |         | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |        |        |        | 26.90*   |         |         | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |        |        |        | 26.90*   |         |         | 76  |
| 77 CAT SCAN - HEAD               |        |        |        | 300.00   |         | 300.00  | 77  |
| 78 CAT SCAN - ABDOMEN            |        |        |        | 339.50*  |         | 410.00  | 78  |
| 79 THREE CHEMISTRY TESTS         |        |        |        |          |         |         | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |        |        |        | 21.90    | 21.90   | 21.90   | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |        |        |        | 15.00    | 10.00   | 5.00    | 81  |
| 82 HEMOGLOBIN                    |        |        |        | 3.00L    | 3.00    | 3.00L   | 82  |
| 83 AUTOMATED BLOOD COUNT         |        |        |        |          |         |         | 83  |
| 84 WHITE CELL COUNT              |        |        |        | 3.00L    | 3.00L   | 3.00L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |        |        |        | 9.00L    | 9.00    | 9.00L   | 85  |
| 86 CHOLESTEROL TEST              |        |        |        | 5.00L    | 5.00L   | 5.00L   | 86  |
| 87 FLOCCULATION TEST             |        |        |        |          |         |         | 87  |
| 88 HEMATOCRIT                    |        |        |        | 3.00L    | 3.00L   | 3.00    | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |        |        |        | 7.00     | 5.50    | 10.00   | 89  |
| 90 POTASSIUM TEST - BLOOD        |        |        |        | 7.00     | 5.00    | 6.00    | 90  |
| 91 PROTHROMBIN TIME TEST         |        |        |        | 5.00L    | 5.00L   | 5.00L   | 91  |
| 92 SEDIMENTATION RATE            |        |        |        | 4.00L    | 4.00L   | 4.00L   | 92  |
| 93 BLOOD SUGAR                   |        |        |        | 5.00L    | 5.00L   | 5.00L   | 93  |
| 94 BUN-UREA - NITROGEN           |        |        |        | 5.00L    | 5.00L   | 5.00L   | 94  |
| 95 URIC ACID                     |        |        |        | 5.00L    | 5.00L   | 5.00L   | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |        |        |        | 5.00     | 5.00    | 3.00    | 96  |
| 97 PAP TEST                      |        |        |        | 7.00L    | 7.00    | 7.00    | 97  |
| 98 ROUTINE URINALYSIS            |        |        |        | 5.00L    | 5.00    | 5.00    | 98  |
| 99 CHEMICAL URINALYSIS           |        |        |        | 5.00     | 4.00    | 5.00    | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |        |        |        | 25.00    | 20.00   | 25.00   | 100 |
| 101 ELEC MONITORING-PACEMAKER    |        |        |        | 25.00    | 30.00   | 30.00   | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |        |        |        |          |         |         | 102 |
| 103 KIDNEY TRANSPLANT            |        |        |        | 1745.00* |         |         | 103 |
| 104 HOSPITAL BED - RENTAL        |        |        |        | 45.00L   | 45.00L  | 40.00   | 104 |
| 105 WALKER - RENTAL              |        |        |        | 17.20    | 10.00   | 8.50    | 105 |
| 106 WHEELCHAIR - RENTAL          |        |        |        | 25.00L   | 22.00   | 25.00   | 106 |
| 107 LIQUID OXYGEN - RENTAL       |        |        |        | 65.00    | 65.00   | 65.00   | 107 |
| 108 HOSPITAL BED - PURCHASE      |        |        |        | 334.00   | 375.00  | 375.00  | 108 |
| 109 WALKER - PURCHASE            |        |        |        | 41.60    | 40.70   | 40.00   | 109 |
| 110 WHEELCHAIR - PURCHASE        |        |        |        | 240.50L  | 240.50L | 240.50L | 110 |



MASSACHUSETTS

# MASSACHUSETTS



Two Localities:

01 - Urban

02 - Suburban/Rural

(For more locality information see Appendix A)

1982 PREVAILING CHARGE SUMMARY DATA B/S OF MASSACHUSETTS  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MASSACHUSETTS  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | URBAN   | SUBURB  | URBAN    | SUBURB   |    |
|----------------------------------|---------|---------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |         | 22.00    | 17.90*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 25.00   | 20.00   | 30.00    | 23.00    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |          |          | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 35.80*  | 20.00   | 44.75*   | 44.75*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  |         |         |          |          | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    |         |         |          |          | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  |         |         |          |          | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  |         |         |          |          | 8  |
| 9 EXTENDED F/U OFFICE VISIT      |         |         |          |          | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    |         |         |          |          | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 21.50*  | 17.90*  | 25.00    | 17.90*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |         |          |          | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   |         |         |          |          | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |          |          | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 17.90*  | 17.90*  | 26.90*   | 25.00    | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 17.90*  | 17.90*  | 23.30*   | 17.90*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         | 44.75*   | 44.75*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   |         |         |          |          | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT |         |         |          |          | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    |         |         |          |          | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 17.70*  | 20.00*  | 31.00*   | 23.30*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         |          |          | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |         |          |          | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         |          |          | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |         |          |          | 25 |
| 26 LIMITED CONSULTATION          | 39.20*  | 30.00   | 35.00    | 35.00*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         |         | 71.60*   | 62.70*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |         |          |          | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |         | 54.20*   | 37.90*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |         | 37.90*   | 22.70*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 14.10*  | 12.00*  | 14.10*   | 15.00*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |         | 12.70*   | 16.80*   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |         | 14.30*   | 14.30*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 26.90*  | 25.00   | 26.90*   | 25.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 11.60*  | 11.80*  | 13.40*   | 12.90    | 35 |
| 36 SPIROMETRY                    |         |         | 25.00*   | 25.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |         | 87.00    | 77.00    | 37 |
| 38 CHEMOTHERAPY                  |         |         | 30.00    | 23.30*   | 38 |
| 39 COLLECTION OF SPECIMENS       |         |         | 19.25    | 19.25    | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |         | 17.90*   | 17.50*   | 40 |
| 41 SKIN BIOPSY                   |         |         | 44.75*   | 26.90*   | 41 |
| 42 CHEMOCAUTERY                  |         |         | 46.20*   | 37.20*   | 42 |
| 43 RADICAL MASTECTOMY            |         |         | 671.25*  | 671.25*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |         | 450.00   | 358.00*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 44.75   | 40.00   | 44.75*   | 44.75*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         |         | 3074.30* | 3025.30* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         | 2046.00* | 2311.00  | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |         | 44.75*   | 44.75*   | 48 |
| 49 BRONCHOSCOPY                  |         |         | 179.00*  | 223.75*  | 49 |
| 50 THORACENTESIS                 |         |         | 62.70*   | 62.70*   | 50 |
| 51 CATHETERIZATION OF HEART      |         |         | 447.50*  | 476.90*  | 51 |
| 52 INSERTION OF PACEMAKER        |         |         | 1074.00* | 1500.00  | 52 |
| 53 PARTIAL COLECTOMY             |         |         | 1074.00* | 895.00*  | 53 |
| 54 APPENDECTOMY                  | 447.50* | 313.25* | 447.50*  | 447.50*  | 54 |
| 55 SIGMOIDOSCOPY                 |         |         | 44.75*   | 44.75*   | 55 |

1982 PREVAILING CHARGE SUMMARY DATA B/S OF MASSACHUSETTS  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MASSACHUSETTS  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | URBAN   | SUBURB | URBAN    | SUBURB   |     |
|----------------------------------|---------|--------|----------|----------|-----|
| 56 HEMORRHOIOECTOMY              |         |        | 358.00*  | 358.00*  | 56  |
| 57 CHOLECYSTECTOMY               |         |        | 751.80*  | 671.25*  | 57  |
| 58 REPAIR HERNIA                 |         |        | 447.50*  | 402.75*  | 58  |
| 59 OIAGNOSTIC CYSTOURETHROSCOPY  | 76.40*  | 71.40* | 100.00   | 90.25    | 59  |
| 60 OILATION OF URETHRA           |         |        | 30.00    | 26.00    | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         |        | 984.50*  | 805.50*  | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 674.60* | 625.00 | 895.00*  | 716.00*  | 62  |
| 63 HYSTERECTOMY                  |         |        | 895.00*  | 805.50*  | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |        | 28.60*   | 21.50*   | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |        |          |          | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |        | 22.60*   | 18.60*   | 66  |
| 67 EXTRACTION OF LENS            | 1000.00 | 950.00 | 895.00*  | 895.00*  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 26.90*  | 26.90* | 26.90*   | 32.20*   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 35.00   | 26.90* | 35.80*   | 35.80*   | 69  |
| 70 X-RAY SPINE                   |         |        | 35.80*   | 35.80*   | 70  |
| 71 X-RAY HIP                     |         |        | 26.90*   | 32.20*   | 71  |
| 72 X-RAY UPPER GI TRACT          | 62.70*  | 40.80* | 71.60*   | 71.60*   | 72  |
| 73 X-RAY COLON                   |         |        | 64.40*   | 62.70*   | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 42.00   | 42.00  | 42.00    | 42.00    | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |         |        |          |          | 75  |
| 76 RAOIATION THERAPY-MEGAVOLT    |         |        |          |          | 76  |
| 77 CAT SCAN - HEAO               |         |        | 250.00   | 250.00   | 77  |
| 78 CAT SCAN - ABOOMEN            |         |        | 247.00*  | 253.50*  | 78  |
| 79 THREE CHEMISTRY TESTS         |         |        | 25.00    | 31.00    | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |        | 25.00    | 22.00    | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         |        | 10.00    | 10.00    | 81  |
| 82 HEMOGLOBIN                    |         |        | 3.00L    | 3.00L    | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |        | 12.00    | 15.00    | 83  |
| 84 WHITE CELL COUNT              |         |        | 4.00L    | 3.00L    | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |        | 8.80L    | 9.00L    | 85  |
| 86 CHOLESTEROL TEST              |         |        | 6.00L    | 7.00L    | 86  |
| 87 FLOCCULATION TEST             |         |        | 9.00     | 9.00     | 87  |
| 88 HEMATOCRIT                    |         |        | 3.50L    | 3.00L    | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |        | 8.50     | 8.00     | 89  |
| 90 POTASSIUM TEST - BLOOD        |         |        | 9.00     | 9.00     | 90  |
| 91 PROTHROMBIN TIME TEST         |         |        | 7.00L    | 7.00L    | 91  |
| 92 SEDIMENTATION RATE            |         |        | 5.00L    | 6.00L    | 92  |
| 93 BLOOD SUGAR                   |         |        | 6.50L    | 6.00L    | 93  |
| 94 BUN-UREA - NITROGEN           |         |        | 7.00L    | 7.00L    | 94  |
| 95 URIC ACIO                     |         |        | 6.00L    | 7.00L    | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |         |        | 5.00     | 5.00     | 96  |
| 97 PAP TEST                      |         |        | 7.25L    | 7.50L    | 97  |
| 98 ROUTINE URINALYSIS            |         |        | 6.00L    | 6.00L    | 98  |
| 99 CHEMICAL URINALYSIS           |         |        | 6.00     | 6.00     | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |        | 26.50    | 20.00    | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |        | 54.00    | 45.00    | 101 |
| 102 OONOR NEPHRECTOMY-UNILATERAL |         |        | 912.90*  | 794.80*  | 102 |
| 103 KIDNEY TRANSPLANT            |         |        | 2208.70* | 2173.40* | 103 |
| 104 HOSPITAL BED - RENTAL        |         |        | 70.00L   | 50.00L   | 104 |
| 105 WALKER - RENTAL              |         |        | 20.00    | 8.00     | 105 |
| 106 WHEELCHAIR - RENTAL          |         |        | 35.00L   | 20.00L   | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         |        | 115.00   | 115.00   | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |        |          |          | 108 |
| 109 WALKER - PURCHASE            |         |        | 33.85    | 35.00    | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |        | 300.00L  | 260.00L  | 110 |

MICHIGAN



**MICHIGAN**

0 10 20 30 40 50 MILES

com, Oakland, Washtenaw, Wayne  
y, Calhoun, Emmett, Genesee,  
adwin, Grand Traverse, Ingham,  
sco, Isabella, Jackson,  
lamazoo, Kent, Lapeer,  
vingston, Mecosta, Midland,  
nroe, Muskegon, Saginaw, St. Clair  
ne State

1 - Metropolitan-Macomb, Oakland, Washtenaw, Wayne  
2 - Urban-Arenac-Bay, Calhoun, Emmett, Genesee,  
Gladwin, Grand Traverse, Ingham,  
Iosco, Isabella, Jackson,  
Kalamazoo, Kent, Lapeer,  
Livingston, Mecosta, Midland,  
Monroe, Muskegon, Saginaw, St. Clair  
3 - Rural-Rest of the State

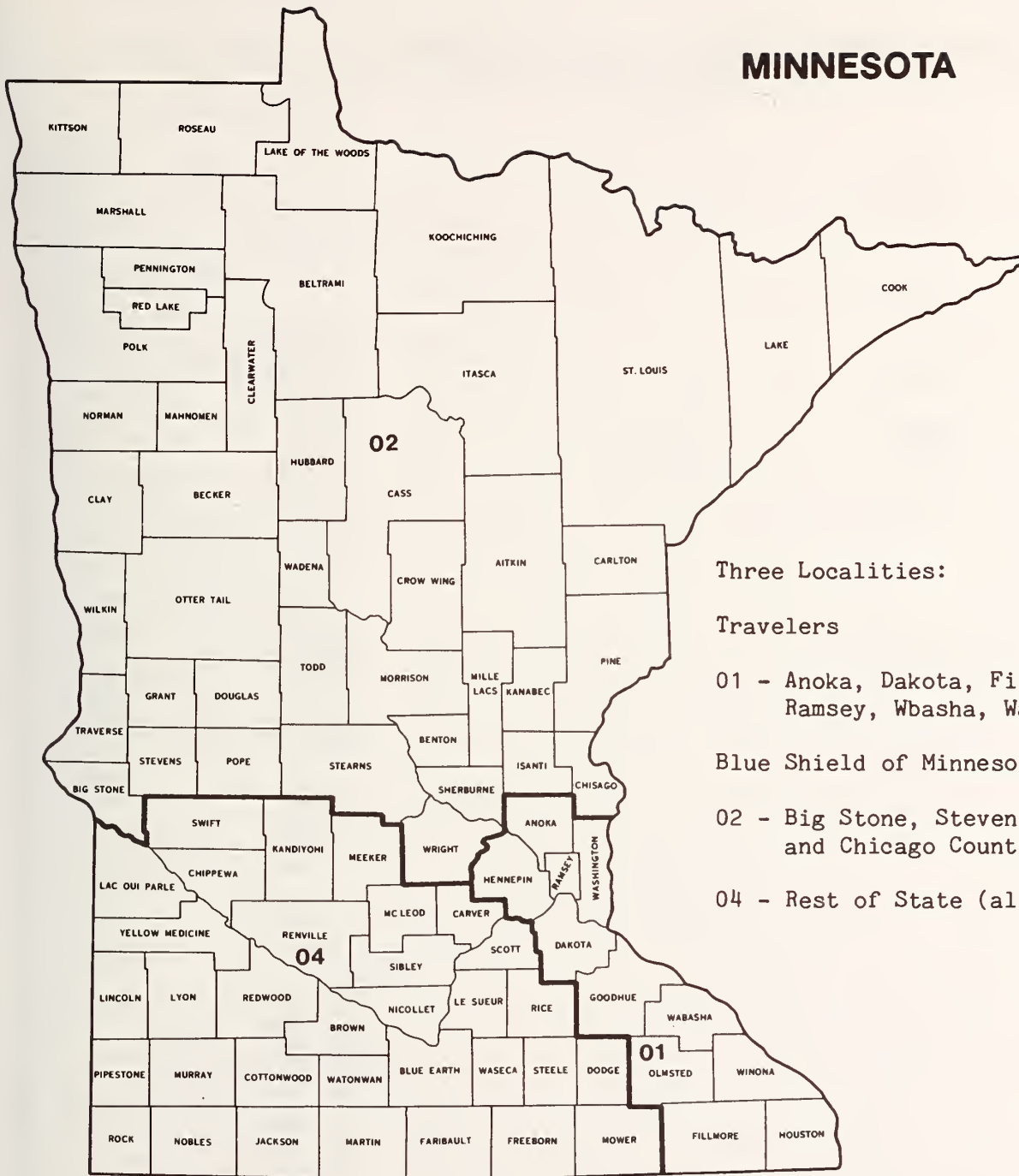
1982 PREVAILING CHARGE SUMMARY DATA    B/C-B/S OF MICHIGAN  
 (Effective 10/1/82 localities  
 2 and 3 were merged)

| PROCEDURE DESCRIPTION            | MICHIGAN<br>COMBINED LOCALITY DESIGNATION |          |          |    |
|----------------------------------|---|----------|----------|----|
|                                  | 1   | 2        | 3        |    |
| 1 INITIAL BRIEF OFFICE VISIT     | 35.00                                     | 26.80*   | 25.00    | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 35.00                                     | 26.80*   | 25.00    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  | 35.00                                     | 26.80*   | 25.00    | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 53.70*                                    | 50.00    | 30.00    | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 17.90*                                    | 14.30*   | 12.50*   | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 17.90*                                    | 14.30*   | 12.50*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 17.90*                                    | 14.30*   | 12.50*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 17.90*                                    | 14.30*   | 12.50*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 17.90*                                    | 14.30*   | 17.90*   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 35.00                                     | 26.80*   | 25.00    | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 26.80*                                    | 20.00    | 17.90*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   | 26.80*                                    | 20.00    | 17.90*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 26.80*                                    | 20.00    | 17.90*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  | 25.00                                     | 20.00    | 17.90    | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 9.00*                                     | 7.20*    | 6.25*    | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 71.60*                                    | 71.60*   | 53.70*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  | 71.60*                                    | 71.60*   | 53.70*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 71.60*                                    | 71.60*   | 53.70*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 21.00*                                    | 15.50*   | 13.80*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 21.00*                                    | 15.50*   | 13.80*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 21.00*                                    | 15.50*   | 13.80*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |   |          |          | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    | 26.80*                                    | 26.80*   | 26.00    | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  | 26.80*                                    | 26.80*   | 26.00    | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT | 26.80*                                    | 26.80*   | 26.00    | 25 |
| 26 LIMITED CONSULTATION          | 62.60*                                    | 53.70*   | 53.70*   | 26 |
| 27 EXTENSIVE CONSULTATION        | 62.60*                                    | 53.70*   | 53.70*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    | 80.50*                                    | 71.60*   | 71.60*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        | 60.00                                     | 65.00    | 58.60*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       | 34.00                                     | 35.00    | 34.00    | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |   |          |          | 31 |
| 32 INITIAL PHYSIOTHERAPY         |   |          |          | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |   |          |          | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 26.80*                                    | 26.80*   | 26.80*   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 17.90*                                    | 17.90*   | 15.00    | 35 |
| 36 SPIROMETRY                    | 70.00                                     | 50.00    | 75.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    | 62.60*                                    | 62.60*   | 60.00*   | 37 |
| 38 CHEMOTHERAPY                  | 2.00                                      | 2.00     | 2.00     | 38 |
| 39 COLLECTION OF SPECIMENS       | 3.00                                      | 3.00     | 3.00     | 39 |
| 40 DEBRIDEMENT OF NAILS          | 35.30*                                    | 33.00*   | 27.50*   | 40 |
| 41 SKIN BIOPSY                   | 44.70*                                    | 44.70*   | 35.80*   | 41 |
| 42 CHEMOCAUTERY                  | 44.70*                                    | 35.00    | 26.80*   | 42 |
| 43 RADICAL MASTECTOMY            | 894.90*                                   | 787.50*  | 715.90*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    | 715.90*                                   | 715.90*  | 581.70*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 44.70*                                    | 40.30*   | 35.80*   | 45 |
| 46 CORONARY ARTERY BYPASS        | 3000.00*                                  | 3000.00* | 3000.00  | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  | 1789.80*                                  | 2000.00  | 1789.80* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      | 35.80*                                    | 40.30*   | 26.80*   | 48 |
| 49 BRONCHOSCOPY                  | 223.70*                                   | 187.90*  | 179.00*  | 49 |
| 50 THORACENTESIS                 | 53.70*                                    | 44.70*   | 32.20*   | 50 |
| 51 CATHETERIZATION OF HEART      | 575.00                                    | 600.00   | 600.00   | 51 |
| 52 INSERTION OF PACEMAKER        | 1000.00                                   | 1000.00  | 750.00   | 52 |
| 53 PARTIAL COLECTOMY             | 850.20*                                   | 805.40*  | 751.70*  | 53 |
| 54 APPENDECTOMY                  | 469.80*                                   | 402.70*  | 358.00*  | 54 |
| 55 SIGMOIDOSCOPY                 | 44.70*                                    | 35.80*   | 35.80*   | 55 |

| PROCEDURE DESCRIPTION            | 1       | 2       | 3       |     |
|----------------------------------|---------|---------|---------|-----|
| 56 HEMORRHOIDECTOMY              | 447.50* | 386.60* | 358.00* | 56  |
| 57 CHOLECYSTECTOMY               | 715.90* | 639.90* | 590.60* | 57  |
| 58 REPAIR HERNIA                 | 447.50* | 358.00* | 322.20* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 125.30* | 95.00   | 81.00   | 59  |
| 60 DILATION OF URETHRA           | 26.80*  | 26.80*  | 26.80*  | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    | 894.90* | 805.40* | 805.40* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 859.10* | 805.40* | 805.40* | 62  |
| 63 HYSTERECTOMY                  | 930.70* | 751.70* | 671.20* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     | 35.00   | 26.80*  | 25.00   | 64  |
| 65 COMPREHENSIVE EYE EXAM        | 35.00   | 26.80*  | 25.00   | 65  |
| 66 EYE EXAM WITH TONOMETRY       | 26.80*  | 20.00   | 17.90*  | 66  |
| 67 EXTRACTION OF LENS            | 894.90* | 760.70* | 715.90* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 17.90*  | 17.90*  | 17.90   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 26.80*  | 26.80*  | 25.00   | 69  |
| 70 X-RAY SPINE                   | 44.70*  | 44.70*  | 35.80*  | 70  |
| 71 X-RAY HIP                     | 35.80*  | 35.80*  | 30.25*  | 71  |
| 72 X-RAY UPPER GI TRACT          | 62.60*  | 62.60*  | 50.00   | 72  |
| 73 X-RAY COLON                   | 71.60*  | 62.60*  | 40.00   | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 21.00*  | 23.00*  | 16.60*  | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  | 45.90*  | 27.50   | 30.00*  | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    | 45.90*  | 27.50   | 30.00*  | 76  |
| 77 CAT SCAN - HEAD               | 250.00  | 316.00  | 316.00  | 77  |
| 78 CAT SCAN - ABOOMEN            | 448.40  | 448.30* | 448.30* | 78  |
| 79 THREE CHEMISTRY TESTS         | 7.00    | 7.00    | 7.00    | 79  |
| 80 NINETEEN CHEMISTRY TESTS      | 20.00   | 20.00   | 20.00   | 80  |
| 81 CULTURE - OTHER THAN BLOOD    | 20.00   | 20.00   | 18.00   | 81  |
| 82 HEMOGLOBIN                    | 3.00L   | 3.00L   | 3.00L   | 82  |
| 83 AUTOMATED BLOOD COUNT         | 7.00    | 6.00    | 5.00    | 83  |
| 84 WHITE CELL COUNT              | 3.50L   | 3.50L   | 3.50L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    | 8.00L   | 8.00L   | 8.00L   | 85  |
| 86 CHOLESTEROL TEST              | 5.00L   | 5.00L   | 5.00L   | 86  |
| 87 FLOCCULATION TEST             | 5.00    | 5.00    | 8.50    | 87  |
| 88 HEMATOCRIT                    | 3.00L   | 3.00L   | 3.00L   | 88  |
| 89 PLATELET COUNT (REES-ECKER)   | 7.00    | 6.00    | 8.00    | 89  |
| 90 POTASSIUM TEST - BLOOD        | 6.00    | 6.00    | 7.50    | 90  |
| 91 PROTHROMBIN TIME TEST         | 5.00L   | 5.00L   | 5.00L   | 91  |
| 92 SEDIMENTATION RATE            | 4.00L   | 4.00L   | 4.00L   | 92  |
| 93 BLOOD SUGAR                   | 5.00L   | 5.00L   | 5.00L   | 93  |
| 94 BUN-UREA - NITROGEN           | 5.00L   | 5.00L   | 5.00L   | 94  |
| 95 URIC ACID                     | 5.00L   | 5.00L   | 5.00L   | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  | 6.50    | 6.00    | 6.00    | 96  |
| 97 PAP TEST                      | 7.00L   | 7.00L   | 7.00L   | 97  |
| 98 ROUTINE URINALYSIS            | 6.00    | 5.00    | 5.00    | 98  |
| 99 CHEMICAL URINALYSIS           | 2.00L   | 2.00L   | 2.00L   | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  | 26.00   | 23.50   | 23.00   | 100 |
| 101 ELEC MONITORING-PACEMAKER    | 35.00   | 35.00   | 20.00   | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL | 894.90* | 805.40* | 805.40* | 102 |
| 103 KIDNEY TRANSPLANT            |         |         |         | 103 |
| 104 HOSPITAL BED - RENTAL        | 62.00   | 62.00   | 62.00   | 104 |
| 105 WALKER - RENTAL              | 17.00   | 10.00   | 8.20    | 105 |
| 106 WHEELCHAIR - RENTAL          | 28.00   | 28.00   | 28.00   | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         |         |         | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |         |         | 108 |
| 109 WALKER - PURCHASE            | 30.00   | 39.00   | 35.00   | 109 |
| 110 WHEELCHAIR - PURCHASE        | 270.00  | 270.00  | 270.00  | 110 |

MINNESOTA

# MINNESOTA



Three Localities:

Travelers

01 - Anoka, Dakota, Filmore, Goodhue, Hennepin, Houston, Olmstead, Ramsey, Wbasha, Washington, and Winona Counties

Blue Shield of Minnesota

02 - Big Stone, Stevens, Pope, Stearns, Wright, Sherburne, Isanti, and Chicago Counties and all points North

04 - Rest of State (also excluding Travelers' localities)



1982 PREVAILING CHARGE SUMMARY DATA THE TRAVELERS INSURANCE COMPANY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MINNESOTA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | AREA 1  | AREA 1   |    |
|----------------------------------|---------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         | 14.10*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 18.00*  | 25.00*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         | 35.70*   | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 44.70*  | 71.60*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 12.50*  |          | 5  |
| 6 BRIEF FOLLDWUP OFFICE VISIT    |         |          | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  |         |          | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  |         |          | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 22.00*  |          | 9  |
| 10 COMP FOLLDWUP OFFICE VISIT    |         |          | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 21.50*  | 26.80*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         | 32.20*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 27.00*  | 43.50*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         | 18.00*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 12.50*  | 14.10*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 20.00*  | 35.00*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         | 44.70*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 44.70*  | 71.60*   | 18 |
| 19 BRIEF FOLLDWUP HOSPITAL VISIT | 12.50*  | 18.00*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    |         |          | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   |         |          | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |          | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         | 18.00*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         | 26.00*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         | 35.70*   | 25 |
| 26 LIMITED CONSULTATION          | 18.00*  | 26.80*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         | 62.60*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         | 89.40*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         | 70.00*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         | 38.00*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 12.40*  | 14.10*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         | 13.20*   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         | 12.50*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 26.00*  | 25.00*   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY |         | 9.80*    | 35 |
| 36 SPIROMETRY                    |         | 17.00*   | 36 |
| 37 ELECTROENCEPHALOGRAPH (EEG)   |         | 71.60*   | 37 |
| 38 CHEMOTHERAPY                  |         |          | 38 |
| 39 COLLECTION OF SPECIMENS       |         | 7.00*    | 39 |
| 40 DEBRIDEMENT OF NAILS          |         | 17.00*   | 40 |
| 41 SKIN BIOPSY                   |         | 40.00*   | 41 |
| 42 CHEMOCAUTERY                  |         |          | 42 |
| 43 RADICAL MASTECTOMY            |         | 698.00*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         | 895.00*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 20.00*  | 20.00*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         | 3180.10* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         | 1843.10* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         | 26.80*   | 48 |
| 49 BRONCHOSCOPY                  |         | 214.70*  | 49 |
| 50 THORACENTESIS                 |         | 44.70*   | 50 |
| 51 CATHETERIZATION OF HEART      |         | 537.00*  | 51 |
| 52 INSERTION OF PACEMAKER        |         | 1011.40* | 52 |
| 53 PARTIAL COLECTOMY             |         | 984.40*  | 53 |
| 54 APPENDECTOMY                  | 402.70* | 447.40*  | 54 |
| 55 SIGMOIDOSCOPY                 |         | 35.70*   | 55 |

1982 PREVAILING CHARGE SUMMARY DATA THE TRAVELERS INSURANCE COMPANY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MINNESOTA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | AREA 1 | AREA 1   |     |
|----------------------------------|--------|----------|-----|
| 56 HEMORRHOIODECTOMY             |        | 411.70*  | 56  |
| 57 CHOLECYSTECTOMY               |        | 644.40*  | 57  |
| 58 REPAIR HERNIA                 |        | 447.40*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 53.70* | 53.70*   | 59  |
| 60 DILATION OF URETHRA           |        | 18.00*   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |        | 859.10*  | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) |        | 805.40*  | 62  |
| 63 HYSTERECTOMY                  |        | 805.40*  | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |        | 30.00*   | 64  |
| 65 COMPREHENSIVE EYE EXAM        |        |          | 65  |
| 66 EYE EXAM WITH TONOMETRY       |        | 18.00*   | 66  |
| 67 EXTRACTION OF LENS            |        | 805.40*  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 21.50* | 19.75*   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 26.80* | 26.80*   | 69  |
| 70 X-RAY SPINE                   |        | 44.70*   | 70  |
| 71 X-RAY HIP                     |        | 35.70*   | 71  |
| 72 X-RAY UPPER GI TRACT          | 57.20* | 53.70*   | 72  |
| 73 X-RAY COLON                   |        | 53.70*   | 73  |
| 74 RAOIATION THERAPY-LOW VOLT    |        | 26.80*   | 74  |
| 75 RAOIATION THERAPY-SUPER VOLT  |        | 25.00*   | 75  |
| 76 RAOIATION THERAPY-MEGAVOLT    |        |          | 76  |
| 77 CAT SCAN - HEAD               |        | 258.90*  | 77  |
| 78 CAT SCAN - ABOOMEN            |        | 290.70*  | 78  |
| 79 THREE CHEMISTRY TESTS         |        | 28.60*   | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |        |          | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |        | 10.00*   | 81  |
| 82 HEMOGLOBIN                    |        | 5.50*    | 82  |
| 83 AUTOMATED BLOOD COUNT         |        |          | 83  |
| 84 WHITE CELL COUNT              |        | 6.00*    | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |        | 17.00*   | 85  |
| 86 CHOLESTEROL TEST              |        | 9.00*    | 86  |
| 87 FLOCCULATION TEST             |        | 5.00*    | 87  |
| 88 HEMATOCRIT                    |        | 5.59*    | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |        | 10.00*   | 89  |
| 90 POTASSIUM TEST - BLOOD        |        | 9.94*    | 90  |
| 91 PROTHROMBIN TIME TEST         |        | 8.00*    | 91  |
| 92 SEDIMENTATION RATE            |        | 6.00*    | 92  |
| 93 BLOOD SUGAR                   |        | 9.25*    | 93  |
| 94 BUN-UREA - NITROGEN           |        | 10.00*   | 94  |
| 95 URIC ACID                     |        | 10.00*   | 95  |
| 96 FECES-OCULT BLOOD-SCREENING   |        | 4.00*    | 96  |
| 97 PAP TEST                      |        | 14.00*   | 97  |
| 98 ROUTINE URINALYSIS            |        | 7.00*    | 98  |
| 99 CHEMICAL URINALYSIS           |        | 4.00*    | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |        | 25.00*   | 100 |
| 101 ELEC MONITORING-PACEMAKER    |        | 26.00*   | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |        | 984.40*  | 102 |
| 103 KIDNEY TRANSPLANT            |        | 2129.80* | 103 |
| 104 HOSPITAL BED - RENTAL        |        | 59.00L   | 104 |
| 105 WALKER - RENTAL              |        | 20.00*   | 105 |
| 106 WHEELCHAIR - RENTAL          |        | 29.00L   | 106 |
| 107 LIQUID OXYGEN - RENTAL       |        | 88.00*   | 107 |
| 108 HOSPITAL BED - PURCHASE      |        | 414.90L  | 108 |
| 109 WALKER - PURCHASE            |        | 43.90*   | 109 |
| 110 WHEELCHAIR - PURCHASE        |        | 230.00L  | 110 |

1982 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF MINNESOTA  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MINNESOTA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 02     | 04     | 02       | 04       |    |
|----------------------------------|--------|--------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |        |        |          |          | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   |        |        |          |          | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |        |        |          |          | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 35.80  | 30.00  | 50.00    | 49.00*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 10.00  | 6.00   | 6.50     | 8.80     | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    |        |        |          |          | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  |        |        |          |          | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 10.70* | 11.80* | 12.50*   | 12.50*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 19.30* | 21.70* | 33.10*   | 25.00*   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    |        |        |          |          | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 20.00  | 15.00  | 26.90*   | 20.00    | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |        |        |          |          | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 25.00  | 15.00  | 35.00*   | 37.60*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |        |        | 10.70*   | 10.70*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  |        |        |          |          | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 26.90* | 35.80* | 34.50    | 30.00    | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |        |        | 44.75*   | 44.75*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 53.70* | 45.00  | 46.50*   | 44.75*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 9.00*  | 10.70* | 12.50*   | 10.70*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 19.30* | 21.80* | 23.60*   | 20.00    | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   |        |        |          |          | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |        |        |          |          | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |        |        | 22.60*   | 20.00    | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |        |        |          |          | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |        |        |          |          | 25 |
| 26 LIMITED CONSULTATION          | 44.75* | 35.00  | 32.50    | 44.75*   | 26 |
| 27 EXTENSIVE CONSULTATION        |        |        | 36.00    | 47.00    | 27 |
| 28 COMPREHENSIVE CONSULTATION    |        |        | 51.00    | 45.00    | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |        |        | 15.60    | 15.80*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |        |        | 20.00    | 26.00    | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |        |        | 14.00    |          | 31 |
| 32 INITIAL PHYSIOTHERAPY         |        |        | 12.70*   | 10.00    | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |        |        | 10.70*   | 10.70*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 25.00  | 29.00  | 28.00    | 20.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 11.00  | 16.50  | 15.00    | 12.00    | 35 |
| 36 SPIROMETRY                    |        |        | 17.00    | 10.00    | 36 |
| 37 ELECTROENCEPHALOGRAPH (EEG)   |        |        | 75.00    | 70.00    | 37 |
| 38 CHEMOTHERAPY                  |        |        | 21.00*   | 13.10*   | 38 |
| 39 COLLECTION OF SPECIMENS       |        |        | 3.00     | 4.00     | 39 |
| 40 DEBRIDEMENT OF NAILS          |        |        | 14.00*   | 13.40*   | 40 |
| 41 SKIN BIOPSY                   |        |        | 35.80*   | 34.20*   | 41 |
| 42 CHEMOCAUTERY                  |        |        | 32.00    | 32.00    | 42 |
| 43 RADICAL MASTECTOMY            |        |        | 686.50*  | 686.50*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |        |        | 760.75*  | 760.75*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 25.00  | 22.40* | 32.20*   | 23.00    | 45 |
| 46 CORONARY ARTERY BYPASS        |        |        |          |          | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |        |        | 1689.80* | 1603.80* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |        |        | 17.90*   | 20.00    | 48 |
| 49 BRONCHOSCOPY                  |        |        | 179.00*  | 179.00*  | 49 |
| 50 THORACENTESIS                 |        |        | 32.20*   | 44.75*   | 50 |
| 51 CATHETERIZATION OF HEART      |        |        | 515.50*  |          | 51 |
| 52 INSERTION OF PACEMAKER        |        |        |          |          | 52 |
| 53 PARTIAL COLECTOMY             |        |        | 859.20*  | 716.00*  | 53 |
| 54 APPENDECTOMY                  | 440.00 | 452.00 | 440.00   | 451.10*  | 54 |
| 55 SIGMOIDOSCOPY                 |        |        | 32.20*   | 26.90*   | 55 |

1982 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF MINNESOTA  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

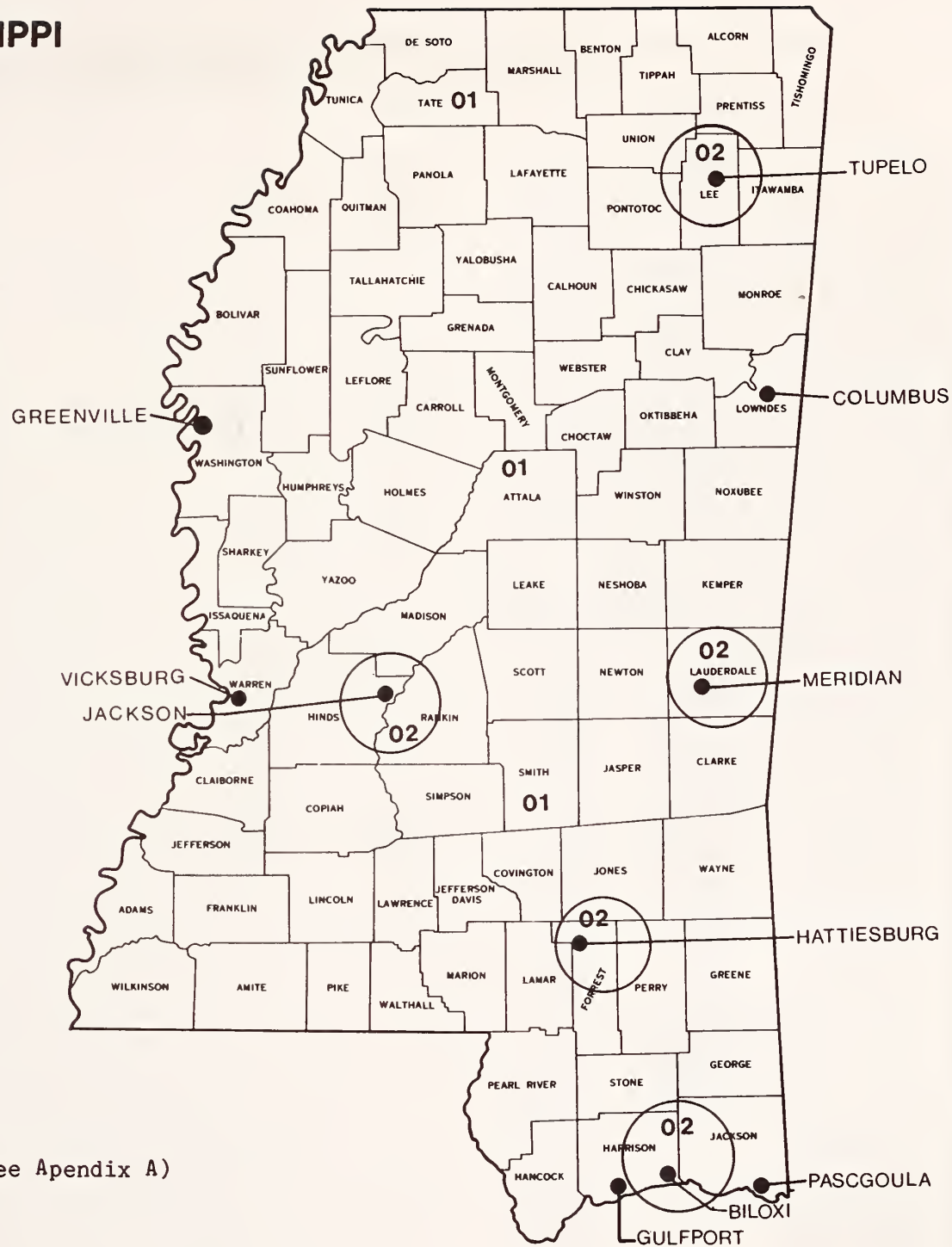
MINNESOTA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | O2     | O4     | O2      | O4      |     |
|----------------------------------|--------|--------|---------|---------|-----|
| 56 HEMORRHOIDECTOMY              |        |        | 338.30* | 322.20* | 56  |
| 57 CHOLECYSTECTOMY               |        |        | 644.40* | 626.50* | 57  |
| 58 REPAIR HERNIA                 |        |        | 402.75* | 375.90* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 72.50  | 55.00  | 56.40*  | 53.70*  | 59  |
| 60 DILATION OF URETHRA           |        |        | 21.00*  | 20.00   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |        |        | 859.20* | 859.20* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) |        |        | 902.20* | 859.20* | 62  |
| 63 HYSTERECTOMY                  |        |        | 751.80* | 750.00  | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |        |        | 29.20   | 28.00   | 64  |
| 65 COMPREHENSIVE EYE EXAM        |        |        |         |         | 65  |
| 66 EYE EXAM WITH TONOMETRY       |        |        |         |         | 66  |
| 67 EXTRACTION OF LENS            | 870.00 |        | 870.00  | 832.00  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 19.70* | 21.50* | 21.50*  | 20.00   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 30.00  | 26.90* | 26.90*  | 20.00   | 69  |
| 70 X-RAY SPINE                   |        |        | 32.20*  | 32.20*  | 70  |
| 71 X-RAY HIP                     |        |        | 35.80*  | 35.80*  | 71  |
| 72 X-RAY UPPER GI TRACT          | 53.70* | 62.70* | 62.70*  | 62.70*  | 72  |
| 73 X-RAY COLON                   |        |        | 53.70*  | 53.70*  | 73  |
| 74 RADIATION THERAPY-LOW VOLT    |        |        | 16.50   |         | 74  |
| 75 RAOIATION THERAPY-SUPER VOLT  |        |        | 22.00   |         | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |        |        |         |         | 76  |
| 77 CAT SCAN - HEAD               |        |        |         | 240.00  | 77  |
| 78 CAT SCAN - ABOOMEN            |        |        | 20.30*  | 24.00   | 78  |
| 79 THREE CHEMISTRY TESTS         |        |        | 20.00   | 20.00   | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |        |        | 25.00   | 25.00   | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |        |        | 11.50   | 11.50   | 81  |
| 82 HEMOGLOBIN                    |        |        | 4.00L   | 4.00L   | 82  |
| 83 AUTOMATED BLOOD COUNT         |        |        | 12.75   | 12.75   | 83  |
| 84 WHITE CELL COUNT              |        |        | 4.00L   | 4.00L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |        |        | 12.00L  | 12.00L  | 85  |
| 86 CHOLESTEROL TEST              |        |        | 7.00L   | 7.00L   | 86  |
| 87 FLOCCULATION TEST             |        |        |         |         | 87  |
| 88 HEMATOCRIT                    |        |        |         |         | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |        |        | 8.00    | 8.00    | 89  |
| 90 POTASSIUM TEST - BLOOD        |        |        | 9.25    | 9.25    | 90  |
| 91 PROTHROMBIN TIME TEST         |        |        | 6.00L   | 6.00L   | 91  |
| 92 SEOIMENTATION RATE            |        |        | 5.00L   | 5.00L   | 92  |
| 93 BLOOD SUGAR                   |        |        | 7.00L   | 7.00L   | 93  |
| 94 BUN-UREA - NITROGEN           |        |        | 7.00L   | 7.00L   | 94  |
| 95 URIC ACID                     |        |        | 7.00L   | 7.00L   | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |        |        | 4.40    | 4.40    | 96  |
| 97 PAP TEST                      |        |        | 8.80L   | 8.80L   | 97  |
| 98 ROUTINE URINALYSIS            |        |        | 5.00L   | 5.00L   | 98  |
| 99 CHEMICAL URINALYSIS           |        |        | 4.00    | 4.00    | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |        |        | 30.00   | 30.00   | 100 |
| 101 ELEC MONITORING-PACEMAKER    |        |        | 15.00   | 15.00   | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |        |        |         |         | 102 |
| 103 KIDNEY TRANSPLANT            |        |        |         |         | 103 |
| 104 HOSPITAL BED - RENTAL        |        |        | 40.00L  | 40.00L  | 104 |
| 105 WALKER - RENTAL              |        |        | 10.00   | 10.00   | 105 |
| 106 WHEELCHAIR - RENTAL          |        |        | 17.50L  | 17.50L  | 106 |
| 107 LIQUID OXYGEN - RENTAL       |        |        | 198.00  | 198.00  | 107 |
| 108 HOSPITAL BED - PURCHASE      |        |        | 414.90L | 414.90L | 108 |
| 109 WALKER - PURCHASE            |        |        | 45.00   | 45.00   | 109 |
| 110 WHEELCHAIR - PURCHASE        |        |        | 240.00L | 240.00L | 110 |

MISSISSIPPI



# MISSISSIPPI



Two Localities:

- 01 - Rural
- 02 - Metropolitan

(For more locality information see Appendix A)

1982 PREVAILING CHARGE SUMMARY DATA THE TRAVELERS INSURANCE COMPANY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MISSISSIPPI  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | AREA 1  | AREA 2 | AREA 1   | AREA 2   |    |
|----------------------------------|---------|--------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |        | 6.00*    | 12.70*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 14.10*  | 18.00* | 16.00*   | 18.00*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |        |          |          | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 18.00*  | 15.00* | 35.00*   | 45.00*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 8.90*   | 10.70* | 12.50*   | 14.10*   | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    |         |        |          |          | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  |         |        |          |          | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  |         |        |          |          | 8  |
| 9 EXTENDED F/U OFFICE VISIT      |         |        |          |          | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    |         |        |          |          | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 18.00*  | 18.00* | 18.00*   | 21.50*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |        |          |          | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 23.30*  | 25.00* | 25.00*   | 26.80*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |        | 12.50*   | 14.10*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 8.90*   | 10.70* | 12.50*   | 14.10*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 26.80*  | 35.70* | 40.00*   | 44.70*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |        |          |          | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   |         |        |          |          | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 8.90*   | 10.00* | 8.90*    | 13.40*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    |         |        |          |          | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 18.00*  | 15.00* | 18.00*   | 18.00*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |        |          |          | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |        | 15.30*   | 21.50*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |        |          |          | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |        | 21.50*   | 26.80*   | 25 |
| 26 LIMITED CONSULTATION          | 26.80*  | 26.80* | 32.20*   | 44.70*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         |        | 40.00*   | 53.70*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |        | 60.00*   | 62.60*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |        | 30.00*   | 44.70*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |        | 35.00*   | 35.00*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |         | 8.40*  | 9.10*    | 12.00*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |        | 16.00*   | 18.00*   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |        | 8.90*    | 10.70*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 25.00*  | 26.80* | 25.00*   | 25.00*   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 6.00*   | 6.00*  | 7.50*    | 7.50*    | 35 |
| 36 SPIROMETRY                    |         |        | 25.00*   | 35.00*   | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |        | 62.60*   | 62.60*   | 37 |
| 38 CHEMOTHERAPY                  |         |        |          |          | 38 |
| 39 COLLECTION OF SPECIMENS       |         |        | 4.00*    | 3.00*    | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |        | 13.00*   | 13.00*   | 40 |
| 41 SKIN BIOPSY                   |         |        | 25.00*   | 26.80*   | 41 |
| 42 CHEMOCAUTERY                  |         |        |          |          | 42 |
| 43 RADICAL MASTECTOMY            |         |        | 651.50*  | 806.40*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |        |          |          | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    |         |        |          |          | 45 |
| 46 CORONARY ARTERY BYPASS        |         |        |          | 2600.00* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |        | 2000.00* | 1860.50* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |        |          |          | 48 |
| 49 BRONCHOSCOPY                  |         |        | 161.00*  | 161.00*  | 49 |
| 50 THORACENTESIS                 |         |        | 26.80*   | 32.90*   | 50 |
| 51 CATHETERIZATION OF HEART      |         |        |          |          | 51 |
| 52 INSERTION OF PACEMAKER        |         |        | 895.00*  | 895.00*  | 52 |
| 53 PARTIAL COLECTOMY             |         |        | 781.80*  | 744.40*  | 53 |
| 54 APPENDECTOMY                  | 435.40* |        | 417.00*  | 465.20*  | 54 |
| 55 SIGMOIDOSCOPY                 |         |        | 26.80*   | 40.00*   | 55 |

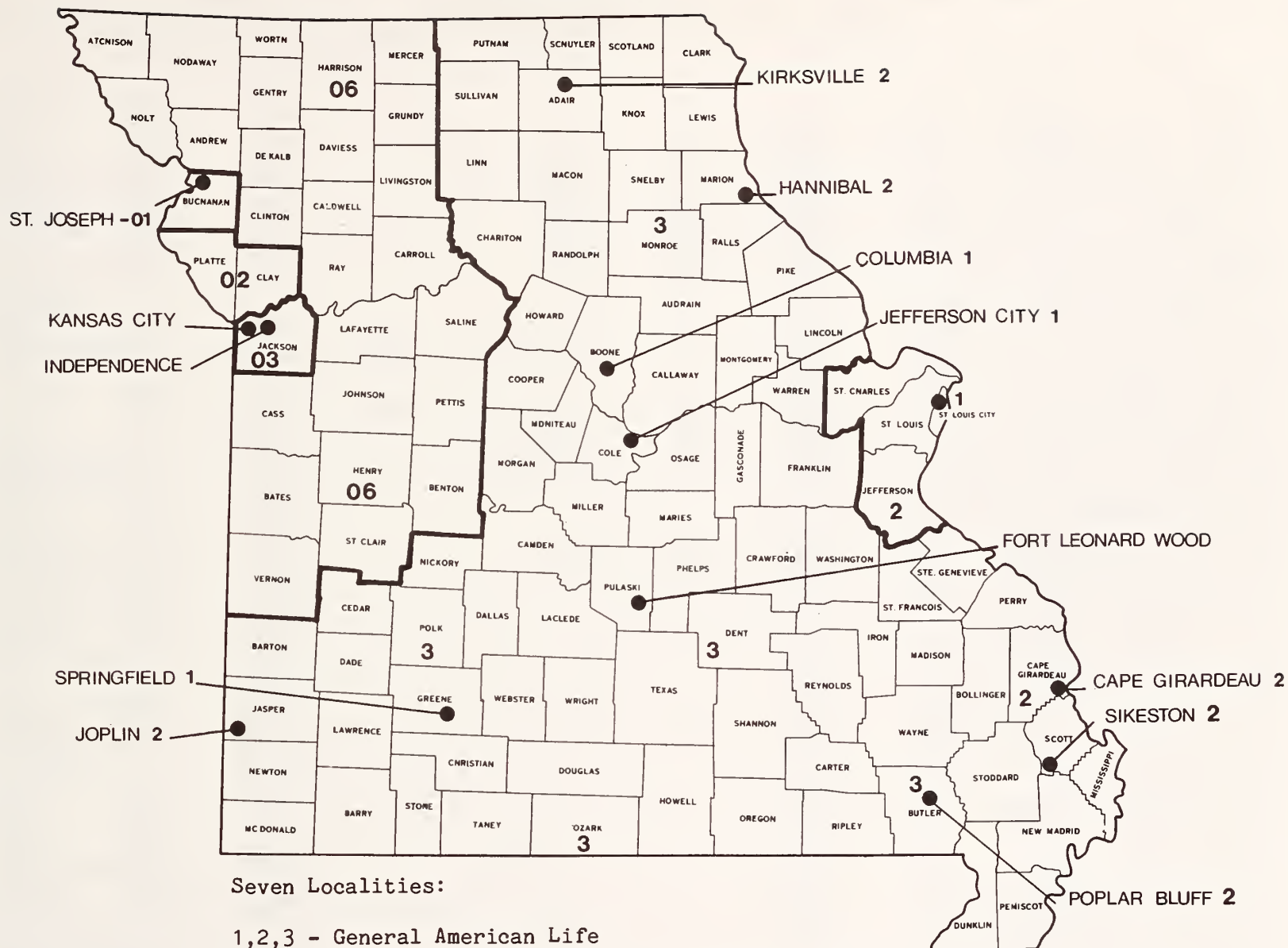
1982 PREVAILING CHARGE SUMMARY DATA THE TRAVELERS INSURANCE COMPANY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MISSISSIPPI  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | AREA 1 | AREA 2  | AREA 1   | AREA 2   |     |
|----------------------------------|--------|---------|----------|----------|-----|
| 56 HEMORRHOIDECTOMY              |        |         | 225.00*  | 258.60*  | 56  |
| 57 CHOLECYSTECTOMY               |        |         | 626.40*  | 660.00*  | 57  |
| 58 REPAIR HERNIA                 |        |         | 358.00*  | 447.40*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  |        |         | 44.70*   | 44.70*   | 59  |
| 60 DILATION OF URETHRA           |        |         | 17.00*   | 14.00*   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |        |         | 716.00*  | 716.00*  | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) |        | 824.60* | 716.00*  | 716.00*  | 62  |
| 63 HYSTERECTOMY                  |        |         | 805.40*  | 805.40*  | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |        |         | 20.00*   | 23.00*   | 64  |
| 65 COMPREHENSIVE EYE EXAM        |        |         |          |          | 65  |
| 66 EYE EXAM WITH TONOMETRY       |        |         | 14.70*   | 6.90*    | 66  |
| 67 EXTRACTION OF LENS            |        |         | 716.00*  | 716.00*  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 18.00* | 15.00*  | 18.00*   | 18.00*   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 26.80* | 30.00*  | 26.80*   | 26.80*   | 69  |
| 70 X-RAY SPINE                   |        |         | 43.00*   | 42.00*   | 70  |
| 71 X-RAY HIP                     |        |         | 24.50*   | 24.50*   | 71  |
| 72 X-RAY UPPER GI TRACT          | 62.60* |         | 53.70*   | 53.70*   | 72  |
| 73 X-RAY COLON                   |        |         | 53.70*   | 53.70*   | 73  |
| 74 RADIATION THERAPY-LOW VOLT    |        |         | 31.00*   | 31.00*   | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |        |         |          |          | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |        |         |          |          | 76  |
| 77 CAT SCAN - HEAD               |        |         | 260.00*  | 235.00*  | 77  |
| 78 CAT SCAN - ABDOMEN            |        |         | 307.00*  |          | 78  |
| 79 THREE CHEMISTRY TESTS         |        |         |          |          | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |        |         |          |          | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |        |         | 18.00*   | 18.50*   | 81  |
| 82 HEMOGLOBIN                    |        |         | 5.00*    | 5.00*    | 82  |
| 83 AUTOMATED BLOOD COUNT         |        |         |          |          | 83  |
| 84 WHITE CELL COUNT              |        |         | 5.00*    | 6.00*    | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |        |         | 12.00*   | 14.00*   | 85  |
| 86 CHOLESTEROL TEST              |        |         | 10.00*   | 10.00*   | 86  |
| 87 FLOCCULATION TEST             |        |         | 7.00*    | 8.00*    | 87  |
| 88 HEMATOCRIT                    |        |         | 5.00*    | 5.00*    | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |        |         | 7.00*    | 8.00*    | 89  |
| 90 POTASSIUM TEST - BLOOD        |        |         | 10.00*   | 11.00*   | 90  |
| 91 PROTHROMBIN TIME TEST         |        |         | 10.00*   | 8.00*    | 91  |
| 92 SEDIMENTATION RATE            |        |         | 6.00*    | 8.00*    | 92  |
| 93 BLOOD SUGAR                   |        |         | 8.00*    | 8.00*    | 93  |
| 94 BUN-UREA - NITROGEN           |        |         | 8.00*    | 10.00*   | 94  |
| 95 URIC ACID                     |        |         | 10.00*   | 10.00*   | 95  |
| 96 FECES-OCULT BLOOD-SCREENING   |        |         | 5.00*    | 5.00*    | 96  |
| 97 PAP TEST                      |        |         | 10.00*   | 9.00*    | 97  |
| 98 ROUTINE URINALYSIS            |        |         | 5.00*    | 6.00*    | 98  |
| 99 CHEMICAL URINALYSIS           |        |         | 5.00*    | 6.00*    | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |        |         | 23.00*   | 21.00*   | 100 |
| 101 ELEC MONITORING-PACEMAKER    |        |         | 34.70*   | 32.70*   | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |        |         | 945.00*  | 744.40*  | 102 |
| 103 KIDNEY TRANSPLANT            |        |         | 2022.00* | 2022.00* | 103 |
| 104 HOSPITAL BED - RENTAL        |        |         | 35.00L   |          | 104 |
| 105 WALKER - RENTAL              |        |         | 10.92*   |          | 105 |
| 106 WHEELCHAIR - RENTAL          |        |         | 22.00L   |          | 106 |
| 107 LIQUID OXYGEN - RENTAL       |        |         | 88.00*   |          | 107 |
| 108 HOSPITAL BED - PURCHASE      |        |         | 629.09L  |          | 108 |
| 109 WALKER - PURCHASE            |        |         | 40.00*   |          | 109 |
| 110 WHEELCHAIR - PURCHASE        |        |         | 236.20L  |          | 110 |

MISSOURI

# MISSOURI



Seven Localities:

1,2,3 - General American Life

01, 02, 03, 06 - Blue Shield of Kansas City - Missouri

(For more locality information see Appendix A)



1982 PREVAILING CHARGE SUMMARY DATA      GENERAL AMERICAN LIFE INSURANCE  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MISSOURI  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | AREA 1 | AREA 2  | AREA 3  | AREA 1  | AREA 2  | AREA 3  |    |
|----------------------------------|--------|---------|---------|---------|---------|---------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |        |         |         | 33.00   | 20.00   | 22.80*  | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 25.00  | 10.00   | 20.00   | 52.00   | 33.00   | 35.00   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |        |         |         | 52.00   | 33.00   | 35.00   | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 10.00* | 26.60*  | 25.00*  | 66.00   | 55.50*  | 25.00   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 4.75*  | 4.40*   | 4.10*   | 5.70*   | 5.30*   | 2.90*   | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 12.50* | 11.60*  | 8.90*   | 16.10*  | 14.10*  | 12.10*  | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 13.80* | 13.00*  | 12.10*  | 16.90*  | 17.50   | 12.30*  | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 18.00  | 13.00   | 13.00   | 20.00   | 16.00   | 15.00   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 14.00  | 15.00   | 15.00   | 20.00   | 20.00   | 15.00   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 15.00  | 25.00   | 25.00   | 54.00   | 37.00   | 15.00   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 20.00  | 18.00*  | 15.00   | 17.60*  | 16.00   | 18.00*  | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |        |         |         |         |         | 36.60*  | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 20.00  | 18.00*  | 15.00   | 17.60*  | 16.00   | 18.00*  | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |        |         |         | 10.00*  | 14.00*  | 10.00   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 12.50  | 11.60   | 8.90*   | 16.10*  | 14.10   | 12.10*  | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 36.80* | 38.40*  | 38.50*  | 47.00*  | 50.00   | 44.70*  | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |        |         |         | 60.00   | 58.90*  | 49.20*  | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 39.40* | 35.00   | 46.60*  | 75.00   | 53.30*  | 45.00   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 18.00* | 14.10*  | 11.40*  | 17.70*  | 14.10*  | 13.40*  | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 20.00  | 18.00   | 15.00   | 22.00   | 19.75   | 15.00   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 20.00  | 18.00   | 15.00   | 22.00   | 19.75   | 15.00   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |        |         |         | 22.00   | 19.75   | 15.00   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |        |         |         | 20.00   | 18.00*  | 20.00   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |        |         |         | 20.00   | 18.00*  | 20.00   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |        |         |         | 20.00   | 18.00*  | 20.00   | 25 |
| 26 LIMITED CONSULTATION          | 25.00* | 24.20*  | 33.25*  | 55.00   | 46.70*  | 39.80*  | 26 |
| 27 EXTENSIVE CONSULTATION        |        |         |         | 80.00   | 53.30*  | 57.90*  | 27 |
| 28 COMPREHENSIVE CONSULTATION    |        |         |         | 80.00   | 53.30*  | 57.90*  | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |        |         |         | 66.80   | 50.00   | 65.00   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |        |         |         | 33.40   | 25.00   | 32.50   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |        |         |         | 12.70*  | 11.20*  | 9.80*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |        |         |         | 24.70*  |         |         | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |        |         |         | 14.00   | 14.00   | 12.00   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 25.00  | 26.90*  | 25.00   | 25.00   | 25.75   | 25.00   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY |        |         |         | 6.90    | 7.00    | 8.50*   | 35 |
| 36 SPIROMETRY                    |        |         |         | 30.00   | 20.00*  | 28.20*  | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |        |         |         | 65.00   |         |         | 37 |
| 38 CHEMOTHERAPY                  |        |         |         | 19.60*  | 7.75    | 18.50*  | 38 |
| 39 COLLECTION OF SPECIMENS       |        |         |         | 3.00    | 5.00    | 8.00    | 39 |
| 40 DEBRIDEMENT OF NAILS          |        |         |         | 13.90*  | 12.70*  | 13.90*  | 40 |
| 41 SKIN BIOPSY                   |        |         |         | 35.00   | 26.90*  | 35.00   | 41 |
| 42 CHEMOCAUTERY                  |        |         |         | 20.00   | 20.00   | 16.00   | 42 |
| 43 RADICAL MASTECTOMY            |        |         |         | 903.80* | 782.20* | 720.00* | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |        |         |         | 890.70* | 867.20* | 981.90* | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 25.00* |         | 15.00   | 24.40*  | 25.60*  |         | 45 |
| 46 CORONARY ARTERY BYPASS        |        |         |         |         |         |         | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |        |         |         | 973.80* |         |         | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |        |         |         | 25.00   | 12.50*  | 10.00   | 48 |
| 49 BRONCHOSCOPY                  |        |         |         | 134.30* | 179.00* | 134.30* | 49 |
| 50 THORACENTESIS                 |        |         |         | 60.00   | 44.70*  | 47.70*  | 50 |
| 51 CATHETERIZATION OF HEART      |        |         |         | 519.00* | 526.00* |         | 51 |
| 52 INSERTION OF PACEMAKER        |        |         |         | 800.00  | 626.50* | 850.00  | 52 |
| 53 PARTIAL COLECTOMY             |        |         |         | 915.50* | 813.60* | 760.90* | 53 |
| 54 APPENDECTOMY                  | 428.00 | 450.00* | 450.00* | 458.00  | 450.00* | 458.00  | 54 |
| 55 SIGMOIDOSCOPY                 |        |         |         | 44.70*  | 35.00   | 37.20*  | 55 |

1982 PREVAILING CHARGE SUMMARY DATA      GENERAL AMERICAN LIFE INSURANCE  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MISSOURI  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | AREA 1 | AREA 2  | AREA 3 | AREA 1  | AREA 2  | AREA 3  |     |
|----------------------------------|--------|---------|--------|---------|---------|---------|-----|
| 56 HEMORRHOIDECTOMY              |        |         |        | 358.10* | 335.60* | 223.80* | 56  |
| 57 CHOLECYSTECTOMY               |        |         |        | 733.30* | 622.90* | 604.40* | 57  |
| 58 REPAIR HERNIA                 |        |         |        | 447.80* | 378.10* | 384.10* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 37.20* |         | 62.60* | 54.80*  | 59.10*  | 50.00*  | 59  |
| 60 DILATION OF URETHRA           |        |         |        | 25.00   | 15.00   | 20.00   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |        |         |        | 900.00  | 716.20* | 841.50* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) |        | 517.30* |        | 800.00  | 716.20* | 771.40* | 62  |
| 63 HYSTERECTOMY                  |        |         |        | 850.00  | 671.50* | 644.50* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |        |         |        | 28.00   | 25.10*  | 22.50*  | 64  |
| 65 COMPREHENSIVE EYE EXAM        |        |         |        | 28.00   | 25.10*  | 22.50*  | 65  |
| 66 EYE EXAM WITH TONOMETRY       |        |         |        | 28.00   | 25.10*  | 22.50*  | 66  |
| 67 EXTRACTION OF LENS            |        |         |        | 910.60* | 753.70* | 771.40* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 25.00  | 18.00*  | 20.80* | 26.90*  | 18.00*  |         | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 39.80* | 30.00*  | 30.00* | 36.30*  | 27.40*  |         | 69  |
| 70 X-RAY SPINE                   |        |         |        | 42.50*  | 32.20*  |         | 70  |
| 71 X-RAY HIP                     |        |         |        | 35.70*  | 32.20*  |         | 71  |
| 72 X-RAY UPPER GI TRACT          | 56.50  | 53.70*  | 55.60* | 77.00   | 53.70*  |         | 72  |
| 73 X-RAY COLON                   |        |         |        | 69.60*  | 47.70*  |         | 73  |
| 74 RADIATION THERAPY-LOW VOLT    |        |         | 32.30* | 20.00   | 20.00   |         | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |        |         | 28.10* | 25.50*  | 22.10*  |         | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |        |         |        | 25.50*  | 22.10*  |         | 76  |
| 77 CAT SCAN - HEAD               |        |         |        | 172.00  | 172.00  |         | 77  |
| 78 CAT SCAN - ABDOMEN            |        |         |        | 62.70*P | 73.10*P | 60.00 P | 78  |
| 79 THREE CHEMISTRY TESTS         |        |         |        | 24.00   | 30.00   | 30.00   | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |        |         |        | 30.00   | 25.00   | 27.50   | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |        |         |        | 15.50   | 14.50   | 7.50    | 81  |
| 82 HEMOGLOBIN                    |        |         |        | 2.00L   | 3.00L   | 2.00L   | 82  |
| 83 AUTOMATED BLOOD COUNT         |        |         |        |         |         |         | 83  |
| 84 WHITE CELL COUNT              |        |         |        | 2.00L   | 2.50L   | 2.50L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |        |         |        | 6.00L   | 7.30L   | 6.00L   | 85  |
| 86 CHOLESTEROL TEST              |        |         |        | 5.00L   | 6.00L   | 5.00L   | 86  |
| 87 FLOCCULATION TEST             |        |         |        | 6.50    | 8.00    | 8.00    | 87  |
| 88 HEMATOCRIT                    |        |         |        | 2.00L   | 2.50L   | 2.50L   | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |        |         |        | 9.00    | 5.00    | 7.00    | 89  |
| 90 POTASSIUM TEST - BLOOD        |        |         |        | 8.00    | 10.00   | 9.00    | 90  |
| 91 PROTHROMBIN TIME TEST         |        |         |        | 4.00L   | 5.00L   | 4.00L   | 91  |
| 92 SEDIMENTATION RATE            |        |         |        | 5.00L   | 4.00L   | 6.00    | 92  |
| 93 BLOOD SUGAR                   |        |         |        | 5.00L   | 5.00L   | 5.00L   | 93  |
| 94 BUN-UREA - NITROGEN           |        |         |        | 5.00L   | 6.00L   | 5.00L   | 94  |
| 95 URIC ACID                     |        |         |        | 5.00L   | 7.50L   | 6.00L   | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |        |         |        | 5.00    | 6.00    | 5.00    | 96  |
| 97 PAP TEST                      |        |         |        | 6.00L   | 6.00L   | 7.00L   | 97  |
| 98 ROUTINE URINALYSIS            |        |         |        | 3.00L   | 3.00L   | 3.00L   | 98  |
| 99 CHEMICAL URINALYSIS           |        |         |        | 3.00    | 3.50    | 3.00    | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |        |         |        | 30.00   |         | 20.00   | 100 |
| 101 ELEC MONITORING-PACEMAKER    |        |         |        |         |         |         | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |        |         |        | 962.60* | 743.00* | 820.70* | 102 |
| 103 KIDNEY TRANSPLANT            |        |         |        |         |         |         | 103 |
| 104 HOSPITAL BED - RENTAL        |        |         |        | 57.00   | 48.00   | 60.50   | 104 |
| 105 WALKER - RENTAL              |        |         |        | 15.00   | 13.00   | 12.50   | 105 |
| 106 WHEELCHAIR - RENTAL          |        |         |        | 27.50   | 25.00   | 26.00   | 106 |
| 107 LIQUID OXYGEN - RENTAL       |        |         |        | 50.00   |         | 50.00   | 107 |
| 108 HOSPITAL BED - PURCHASE      |        |         |        | 521.40  | 521.40  | 521.40  | 108 |
| 109 WALKER - PURCHASE            |        |         |        | 54.70   | 52.40   | 44.00   | 109 |
| 110 WHEELCHAIR - PURCHASE        |        |         |        | 298.00  | 298.00  | 298.00  | 110 |

1982 PREVAILING CHARGE SUMMARY DATA B/S DF KANSAS CITY, MISSOURI  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MISSOURI  
LOCALITY DESIGNATION FOR SPECIALIST

| PRDCEURE DESCRIPTION             | AREA 01 | AREA 02 | AREA 03 | AREA 06 | AREA 01  | AREA 02  | AREA 03  | AREA 06  |    |
|----------------------------------|---------|---------|---------|---------|----------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |         |         |         | 12.50*   | 18.00*   | 18.00*   | 17.50    | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 12.50*  | 10.70*  | 14.10*  | 8.90*   | 12.50*   | 18.00*   | 18.00*   | 17.50    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |         |         | 17.00    | 20.00    | 22.00    | 13.00    | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 20.00   | 35.70*  | 60.00   | 25.00   | 35.90    | 40.00    | 62.60*   | 44.70*   | 4  |
| 5 MINIMAL FDLWDUP OFFICE VISIT   | 8.00    | 6.00    | 3.70*   | 7.00    | 6.00     | 8.90*    | 8.90*    | 2.00     | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 12.50*  | 10.70*  | 14.10*  | 8.90*   | 12.50*   | 18.00*   | 18.00*   | 17.50    | 6  |
| 7 LIMITED FDLWDUP OFFICE VISIT   | 12.50*  | 10.70*  | 14.10*  | 8.90*   | 12.50*   | 18.00*   | 18.00*   | 17.50    | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 15.00   | 14.00   | 18.80*  | 13.00   | 17.00    | 20.00    | 22.00    | 13.00    | 8  |
| 9 EXTENDEO F/U OFFICE VISIT      | 20.00   | 25.00   | 25.00   | 19.40*  | 28.60*   | 28.60*   | 26.80*   | 17.50    | 9  |
| 10 CDMP FDLWDUP OFFICE VISIT     | 25.00   | 35.00   | 40.00   | 25.00   | 44.70*   | 44.70*   | 53.70*   | 44.70*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 20.00   | 18.00*  | 20.00   | 14.10*  | 20.00    | 18.00*   | 20.00    | 14.10*   | 11 |
| 12 LIMITED FDLWDUP HDME VISIT    |         |         |         |         | 20.00    | 18.00*   | 20.00    | 14.10*   | 12 |
| 13 INTERMOIATE F/U HOME VISIT    | 20.00   | 21.50*  | 20.00   | 18.00   | 20.00    | 21.50*   | 20.00    | 18.00    | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |         |         | 14.10*   | 25.00    | 26.80*   | 13.40*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 12.50*  | 10.70*  | 14.10*  | 8.90*   | 12.50*   | 18.00*   | 18.00*   | 15.00    | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 26.80*  | 26.80*  | 62.60*  | 35.00   | 30.75    | 44.70*   | 44.70*   | 44.70*   | 16 |
| 17 INIT INTERMED HDSPITAL VISIT  |         |         |         |         | 62.60*   | 62.60*   | 70.00    | 44.70*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 40.00   | 44.70*  | 62.60*  | 38.00   | 62.60*   | 62.60*   | 70.00    | 44.70*   | 18 |
| 19 BRIEF FDLWDUP HOSPITAL VISIT  | 18.00*  | 16.10*  | 18.00*  | 12.50*  | 18.00*   | 21.50*   | 18.00*   | 18.00*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 18.00*  | 16.10*  | 18.00*  | 12.50*  | 18.00*   | 21.50*   | 18.00*   | 18.00*   | 20 |
| 21 INTERMED F/U HDSPITAL VISIT   | 15.00   | 14.00   | 20.00   | 15.00   | 21.50*   | 21.50*   | 18.00*   | 17.50    | 21 |
| 22 EXTENDEO F/U HOSPITAL VISIT   |         |         |         |         | 35.00    | 45.00    | 30.00    | 35.00    | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |         |         |         | 26.80*   | 26.80*   | 26.80*   | 25.00    | 23 |
| 24 LIMITED EMERGENCY RDDM VISIT  |         |         |         |         | 26.80*   | 26.80*   | 26.80*   | 25.00    | 24 |
| 25 INTERMEO EMERGENCY ROOM VISIT |         |         |         |         | 26.80*   | 26.80*   | 26.80*   | 25.00    | 25 |
| 26 LIMITED CDNSULTADN            | 42.50*  | 40.00   | 53.70*  | 30.00   | 44.70*   | 62.60*   | 60.00    | 55.00    | 26 |
| 27 EXTENSIVE CONSULTATION        |         |         |         |         | 62.60*   | 75.00    | 80.00    | 75.00    | 27 |
| 28 CDMPREHENSIVE CONSULTATION    |         |         |         |         | 62.60*   | 75.00    | 80.00    | 75.00    | 28 |
| 29 PSYCHOTHERAPY-DNE HDUR        |         |         |         |         | 69.60*   | 56.40*   | 60.00    | 70.00    | 29 |
| 30 PSYCHOTHERAPY-HALF HDUR       |         |         |         |         | 34.80*   | 28.20*   | 30.00    | 35.00    | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |         |         |         |         | 9.80*    | 11.20*   | 11.20*   | 9.80*    | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |         |         |         |          |          | 14.00    | 12.50*   | 32 |
| 33 F/U PDDIATRIC OFFICE VISIT    |         |         |         |         | 10.70*   | 10.70*   | 9.00     | 8.90*    | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 30.00   | 30.00   | 28.00   | 20.00   | 30.00    | 30.00    | 28.00    | 20.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY |         | 10.10*  | 8.90*   | 8.90*   | 8.90*    |          | 9.00     | 11.75    | 35 |
| 36 SPIRDMETRY                    |         |         |         |         |          | 40.00    | 40.00    |          | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |         |         |         |          |          | 100.00   |          | 37 |
| 38 CHEMOTHERAPY                  |         |         |         |         | 39.20*   | 41.50*   | 44.80*   | 37.90*   | 38 |
| 39 COLLECTION OF SPECIMENS       |         |         |         |         | 3.00     | 3.00     | 3.00     | 3.00     | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |         |         |         | 14.00*   |          | 15.30*   | 14.00    | 40 |
| 41 SKIN BIOPSY                   |         |         |         |         |          | 55.00    | 55.00    | 55.00    | 41 |
| 42 CHEMDCAUTERY                  |         |         |         |         |          |          |          |          | 42 |
| 43 RADICAL MASTECTOMY            |         |         |         |         | 805.40*  | 895.00*  | 895.00*  | 912.80*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |         |         |         | 805.40*  | 895.00*  | 895.00*  | 895.00*  | 44 |
| 45 ARTHRDCECTESIS-MAJDR JOINT    | 25.00   | 25.00   | 25.00   | 15.10*  | 16.00    | 16.00    | 20.40*   | 16.00    | 45 |
| 46 CORONARY ARTERY BYPASS        |         |         |         |         |          |          | 2600.00  |          | 46 |
| 47 TDAL ARTIFICIAL HIP REPLACE   |         |         |         |         | 1789.70* | 1789.70* | 1789.70* | 1789.70* | 47 |
| 48 NEEOLE PUNCTURE OF BURSA      |         |         |         |         | 25.00    | 25.00    | 25.00    | 25.00    | 48 |
| 49 BRONCHOSCOPY                  |         |         |         |         | 134.30*  |          | 220.00   | 134.30*  | 49 |
| 50 THDRACENTESIS                 |         |         |         |         | 62.60*   | 42.75*   | 62.60*   | 62.60*   | 50 |
| 51 CATHERIZATION OF HEART        |         |         |         |         |          |          | 447.40*  |          | 51 |
| 52 INSERTIDN OF PACEMAKER        |         |         |         |         |          |          |          |          | 52 |
| 53 PARTIAL COLECTOMY             |         |         |         |         | 921.70*  | 921.70*  | 921.70*  | 895.00*  | 53 |
| 54 APPENOECTOMY                  | 452.60* |         |         | 447.40* | 465.40*  | 465.40*  | 492.30*  | 465.40*  | 54 |
| 55 SIGMOIOOSCOPY                 |         |         |         |         | 35.70*   | 26.80*   | 44.70*   | 27.25    | 55 |



1982 PREVAILING CHARGE SUMMARY DATA B/S OF KANSAS CITY, MISSOURI  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MISSOURI  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | AREA 01 | AREA 02 | AREA 03 | AREA 06 | AREA 01 | AREA 02 | AREA 03 | AREA 06 |     |
|----------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|-----|
| 56 HEMORRHOIDECTOMY              |         |         |         |         | 375.90* | 375.90* | 402.70* | 375.90* | 56  |
| 57 CHOLECYSTECTOMY               |         |         |         |         | 626.40* | 716.00* | 750.00  | 650.00  | 57  |
| 58 REPAIR HERNIA                 |         |         |         |         | 447.40* | 400.00  | 447.40* | 313.30* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  |         |         |         | 89.40*  | 89.40*  | 89.40*  | 89.40*  | 89.40*  | 59  |
| 60 DILATION OF URETHRA           |         |         |         |         | 19.00   | 19.00   | 20.00   | 19.00   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         |         |         |         | 895.00* |         | 957.60* | 895.00* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) |         |         |         | 670.00  | 805.40* | 805.40* | 859.10* | 805.40* | 62  |
| 63 HYSTERECTOMY                  |         |         |         |         | 805.40* | 805.40* | 812.00  | 742.70* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |         |         |         | 28.60*  | 25.10*  | 35.70*  | 20.00   | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |         |         |         | 28.60*  | 25.10*  | 35.70*  | 20.00   | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |         |         |         | 7.10*   | 7.10*   | 7.10*   | 7.10*   | 66  |
| 67 EXTRACTION OF LENS            |         |         |         |         | 805.40* | 805.40* | 805.40* | 750.00  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 26.00   | 26.80*  | 26.80*  | 20.00   | 18.00*  | 24.90*  | 18.00*  |         | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 35.00   | 26.80*  | 32.00   | 30.00   | 26.80*  | 26.80*  | 26.80*  |         | 69  |
| 70 X-RAY SPINE                   |         |         |         |         |         | 60.50   | 60.50   |         | 70  |
| 71 X-RAY HIP                     |         |         |         |         | 32.40   | 32.40   | 32.40   | 32.40   | 71  |
| 72 X-RAY UPPER GI TRACT          |         | 58.20*  | 53.70*  | 58.20*  | 50.10*  | 70.90*  | 50.10*  |         | 72  |
| 73 X-RAY COLON                   |         |         |         |         | 50.10*  | 72.80*  | 50.10*  |         | 73  |
| 74 RADIATION THERAPY-LOW VOLT    |         |         |         |         |         |         |         |         | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |         |         |         |         |         |         |         |         | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         |         |         |         |         |         |         |         | 76  |
| 77 CAT SCAN - HEAD               |         |         |         |         | 78.00   | 78.00   | 73.10*  |         | 77  |
| 78 CAT SCAN - ABOOMEN            |         |         |         |         | 90.00   | 90.00   | 79.00   |         | 78  |
| 79 THREE CHEMISTRY TESTS         |         |         |         |         | 15.75   | 32.00   | 26.00   | 21.00   | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |         |         |         | 39.50   | 25.00   | 29.00   | 24.00   | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         |         |         |         | 15.40   | 14.50   | 15.40   | 15.40   | 81  |
| 82 HEMOGLOBIN                    |         |         |         |         | 3.50L   | 4.00L   | 4.00L   | 3.00L   | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |         |         |         | 11.00L  | 7.00L   | 8.00L   | 8.00L   | 83  |
| 84 WHITE CELL COUNT              |         |         |         |         | 3.75L   | 4.00L   | 3.00L   | 3.00L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |         |         |         | 11.00L  | 7.00L   | 8.00L   | 8.00L   | 85  |
| 86 CHOLESTEROL TEST              |         |         |         |         | 5.50L   | 7.00L   | 5.00L   | 6.00L   | 86  |
| 87 FLOCCULATION TEST             |         |         |         |         | 5.50    | 6.75    | 6.00    | 6.00    | 87  |
| 88 HEMATOCRIT                    |         |         |         |         | 3.50L   | 5.00L   | 3.50L   | 2.00L   | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |         |         |         | 8.00    | 7.00    | 9.00    | 8.00    | 89  |
| 90 POTASSIUM TEST - BLOOD        |         |         |         |         | 10.85   | 9.00    | 8.50    | 9.00    | 90  |
| 91 PROTHROMBIN TIME TEST         |         |         |         |         | 5.50L   | 4.50L   | 5.00L   | 5.50L   | 91  |
| 92 SEDIMENTATION RATE            |         |         |         |         | 5.50L   | 6.00L   | 5.50L   | 5.00L   | 92  |
| 93 BLOOD SUGAR                   |         |         |         |         | 6.50L   | 6.00L   | 5.50L   | 5.50L   | 93  |
| 94 BUN-UREA - NITROGEN           |         |         |         |         | 5.50L   | 6.00L   | 6.00L   | 6.00L   | 94  |
| 95 URIC ACID                     |         |         |         |         | 5.50L   | 7.00L   | 7.00L   | 8.00L   | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |         |         |         |         | 8.25    | 3.33    | 7.00    | 4.50    | 96  |
| 97 PAP TEST                      |         |         |         |         | 8.25L   | 6.00L   | 7.00L   | 7.00L   | 97  |
| 98 ROUTINE URINALYSIS            |         |         |         |         | 5.00L   | 5.00L   | 5.00L   | 3.50L   | 98  |
| 99 CHEMICAL URINALYSIS           |         |         |         |         | 5.00L   | 5.00L   | 5.00L   | 3.50L   | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |         |         |         |         |         | 22.00   | 33.25   | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |         |         |         |         |         | 27.00   |         | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |         |         |         | 1000.00 | 1000.00 | 1000.00 | 1000.00 | 102 |
| 103 KIDNEY TRANSPLANT            |         |         |         |         | 1325.60 | 1325.60 | 1325.60 | 1325.60 | 103 |
| 104 HOSPITAL BED - RENTAL        |         |         |         |         | 55.00L  | 50.00L  | 56.87L  | 55.00L  | 104 |
| 105 WALKER - RENTAL              |         |         |         |         | 24.00   | 15.00   | 24.00   | 9.00    | 105 |
| 106 WHEELCHAIR - RENTAL          |         |         |         |         | 20.83L  | 20.00L  | 28.50L  | 26.16L  | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         |         |         |         | 50.00   | 50.00   | 50.00   |         | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |         |         |         | 415.36  |         | 415.36  | 415.36  | 108 |
| 109 WALKER - PURCHASE            |         |         |         |         | 51.02   | 46.04   | 48.30   | 61.58   | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |         |         |         | 207.99L | 239.00L | 211.50L | 245.36L | 110 |

MONTANA



# MONTANA



One Locality - Statewide

1982 PREVAILING CHARGE SUMMARY DATA MONTANA PHYSICIANS SERVICE  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MONTANA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | MT      | MT       |    |
|----------------------------------|---------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         | 18.00    | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 23.00   | 32.20*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         | 55.50*   | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 53.70*  | 62.60*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 8.30*   | 10.10*   | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 12.50*  | 12.80*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 15.00   | 17.70*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 21.50*  | 17.90*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 31.50*  | 32.20*   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 43.00*  | 53.70*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 21.50*  | 21.50*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |          | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 43.00*  |          | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         | 14.50*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 13.00*  | 12.80*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 32.20*  | 35.80*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         | 53.70*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 53.70*  | 75.10*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 12.50*  | 12.80*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 17.50*  | 21.50*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 24.00   | 25.00    | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         | 40.00    | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         | 20.00*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         | 28.80*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         | 46.90*   | 25 |
| 26 LIMITED CONSULTATION          | 35.00*  | 34.80*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         | 52.50*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         | 69.40*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         | 55.50*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         | 30.00    | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |         | 13.30*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |          | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         | 15.00    | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 30.30*  | 31.50*   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 13.80*  | 12.00    | 35 |
| 36 SPIROMETRY                    |         | 18.50*   | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         | 66.60*   | 37 |
| 38 CHEMOTHERAPY                  |         | 12.20*   | 38 |
| 39 COLLECTION OF SPECIMENS       |         | 3.00*    | 39 |
| 40 DEBRIDEMENT OF NAILS          |         | 13.30*   | 40 |
| 41 SKIN BIOPSY                   |         | 26.90    | 41 |
| 42 CHEMOCAUTERY                  |         | 11.70    | 42 |
| 43 RADICAL MASTECTOMY            |         | 741.00*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         | 986.30*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 22.30*  | 25.40*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         | 3296.30* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         | 1793.30* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         | 17.70*   | 48 |
| 49 BRONCHOSCOPY                  |         | 179.00*  | 49 |
| 50 THORACENTESIS                 |         | 32.80*   | 50 |
| 51 CATHETERIZATION OF HEART      |         | 506.80*  | 51 |
| 52 INSERTION OF PACEMAKER        |         | 945.00   | 52 |
| 53 PARTIAL COLECTOMY             |         | 848.80   | 53 |
| 54 APPENDECTOMY                  | 358.00* | 425.10*  | 54 |
| 55 SIGMOIDOSCOPY                 |         | 28.50*   | 55 |

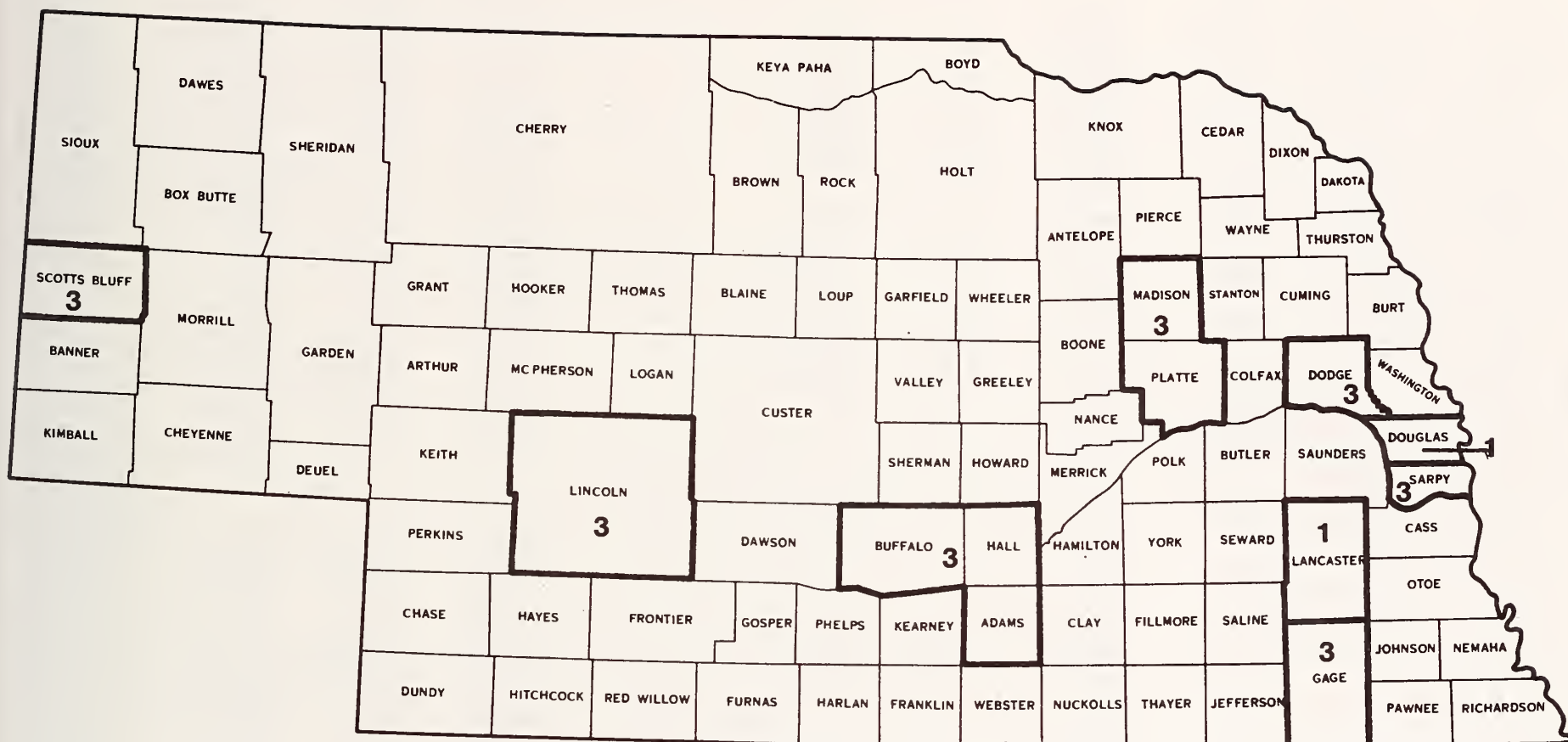
1982 PREVAILING CHARGE SUMMARY DATA MONTANA PHYSICIANS SERVICE  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MONTANA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | MT      | MT      |     |
|----------------------------------|---------|---------|-----|
| 56 HEMORRHOIDECTOMY              |         | 332.20* | 56  |
| 57 CHOLECYSTECTOMY               |         | 648.80* | 57  |
| 58 REPAIR HERNIA                 |         | 402.70* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 56.00*  | 53.70*  | 59  |
| 60 DILATION OF URETHRA           |         | 18.00   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         | 823.40* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 844.90* | 823.40* | 62  |
| 63 HYSTERECTOMY                  |         | 798.90* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         | 27.00*  | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |         | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         | 10.70*  | 66  |
| 67 EXTRACTION OF LENS            | 769.80  | 823.40* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 21.60*  | 22.25   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 32.20*  | 32.20*  | 69  |
| 70 X-RAY SPINE                   |         | 69.90*  | 70  |
| 71 X-RAY HIP                     |         | 32.20*  | 71  |
| 72 X-RAY UPPER GI TRACT          | 75.10*  | 75.10*  | 72  |
| 73 X-RAY COLON                   |         | 64.50*  | 73  |
| 74 RAOIATION THERAPY-LOW VOLT    |         | 22.50*  | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |         | 40.00   | 75  |
| 76 RAOIATION THERAPY-MEGAVOLT    |         | 30.00   | 76  |
| 77 CAT SCAN - HEAD               |         | 333.10* | 77  |
| 78 CAT SCAN - ABOOMEN            |         | 163.90  | 78  |
| 79 THREE CHEMISTRY TESTS         |         | 24.00   | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         | 29.75   | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         | 11.00   | 81  |
| 82 HEMOGLOBIN                    |         | 4.00L   | 82  |
| 83 AUTOMATED BLOOD COUNT         |         | 9.50    | 83  |
| 84 WHITE CELL COUNT              |         | 4.50    | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         | 11.00L  | 85  |
| 86 CHOLESTEROL TEST              |         | 7.70L   | 86  |
| 87 FLOCCULATION TEST             |         | 5.50    | 87  |
| 88 HEMATOCRIT                    |         | 3.75L   | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         | 8.00    | 89  |
| 90 POTASSIUM TEST - BLOOD        |         | 11.40   | 90  |
| 91 PROTHROMBIN TIME TEST         |         | 7.00L   | 91  |
| 92 SEDIMENTATION RATE            |         | 5.50L   | 92  |
| 93 BLOOD SUGAR                   |         | 9.20    | 93  |
| 94 BUN-UREA - NITROGEN           |         | 7.20L   | 94  |
| 95 URIC ACID                     |         | 9.90    | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |         | 5.75    | 96  |
| 97 PAP TEST                      |         | 8.00L   | 97  |
| 98 ROUTINE URINALYSIS            |         | 5.00L   | 98  |
| 99 CHEMICAL URINALYSIS           |         | 4.00    | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         | 36.00   | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         | 13.90   | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |         | 102 |
| 103 KIDNEY TRANSPLANT            |         |         | 103 |
| 104 HOSPITAL BED - RENTAL        |         | 45.00L  | 104 |
| 105 WALKER - RENTAL              |         | 12.00   | 105 |
| 106 WHEELCHAIR - RENTAL          |         | 25.00L  | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         | 100.00  | 107 |
| 108 HOSPITAL BED - PURCHASE      |         | 549.00  | 108 |
| 109 WALKER - PURCHASE            |         | 48.00   | 109 |
| 110 WHEELCHAIR - PURCHASE        |         | 249.00L | 110 |

NEBRASKA

# NEBRASKA



## Three Localities:

- 1 - Douglas and Lancaster Counties
- 3 - Counties over 25,000 population - Adams, Buffalo, Dodge, Gage, Hall, Lincoln, Madison, Platte, Sarpy, Scotts Bluff
- 4 - Remaining 81 counties under 25,000 population



1982 PREVAILING CHARGE SUMMARY DATA MUTUAL OF OMAHA INSURANCE CO.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEBRASKA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | AREA 1  | AREA 3  | AREA 4  | AREA 1   | AREA 3   | AREA 4   |    |
|----------------------------------|---------|---------|---------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |         |         | 10.70*   | 10.70*   | 10.70*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 15.00   | 12.00   | 12.00   | 15.30*   | 15.00    | 12.00    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |         | 15.30*   | 15.00    | 12.00    | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 45.00   | 30.00   | 30.00   | 50.00    | 48.50    | 30.00    | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 10.70*  | 10.70*  | 8.90*   | 10.70*   | 10.70*   | 10.70*   | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 10.70*  | 10.70*  | 8.90*   | 10.70*   | 10.70*   | 10.70*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 15.00   | 12.00   | 12.00   | 15.30*   | 15.00    | 12.00    | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 15.00   | 12.00   | 12.00   | 15.30*   | 15.00    | 12.00    | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 15.00   | 15.00   | 14.00   | 18.00*   | 18.00    | 15.00    | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 45.00   | 30.00   | 30.00   | 50.00    | 48.50    | 30.00    | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 21.50*  | 18.00*  | 18.00*  | 18.00*   | 18.00*   | 18.00*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |         |         | 18.00*   | 18.00*   | 18.00*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 20.00   | 20.00   | 17.00   | 25.00    | 20.00    | 17.00    | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |         | 14.10*   | 14.10*   | 14.00    | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 14.10*  | 12.00   | 14.10*  | 14.10*   | 14.10*   | 14.00    | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 35.70*  | 35.70*  | 26.90*  | 35.70*   | 35.70*   | 35.70*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         |         | 35.70*   | 35.70*   | 35.70*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 50.00   | 50.00   | 40.00   | 71.70*   | 60.00    | 40.00    | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 12.50*  | 10.70*  | 10.70*  | 12.50*   | 12.50*   | 12.50*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 12.50*  | 10.70*  | 10.70*  | 12.50*   | 12.50*   | 12.50*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 15.00   | 14.10*  | 15.00   | 18.00*   | 16.00    | 18.00    | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         |         | 18.00*   | 18.00*   | 18.00*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |         |         | 18.00*   | 18.00*   | 18.00*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         |         | 18.00*   | 18.00*   | 18.00*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |         |         | 22.00    | 44.00    | 24.00    | 25 |
| 26 LIMITED CONSULTATION          |         |         |         |          |          |          | 26 |
| 27 EXTENSIVE CONSULTATION        |         |         |         |          |          |          | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |         |         |          |          |          | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |         |         | 50.00    | 48.50    | 30.00    | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |         |         | 50.00    | 48.50    | 30.00    | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |         |         |         | 13.00    | 12.00    | 12.00    | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |         |         | 9.00*    | 9.00*    | 6.50     | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |         |         | 15.30*   | 15.00    | 12.00    | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 26.90*  | 26.90*  | 25.00   | 26.90*   | 25.00    | 26.90*   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 11.00 P | 11.00 P | 11.00 P | 13.40*P  | 13.40*P  | 13.00 P  | 35 |
| 36 SPIROMETRY                    |         |         |         | 25.00    | 15.00    | 15.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |         |         | 70.00    | 70.00    | 70.00    | 37 |
| 38 CHEMOTHERAPY                  |         |         |         | 34.00*   | 36.00    | 23.30*   | 38 |
| 39 COLLECTION OF SPECIMENS       |         |         |         | 5.00     | 8.00     | 5.00     | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |         |         | 12.00    | 14.00    | 14.00    | 40 |
| 41 SKIN BIOPSY                   |         |         |         | 26.90*   | 26.90*   | 26.90*   | 41 |
| 42 CHEMOCAUTERY                  |         |         |         | 16.00    | 18.00*   | 18.00*   | 42 |
| 43 RADICAL MASTECTOMY            |         |         |         | 666.20*  | 645.00   | 550.00   | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |         |         | 796.70*  | 796.70*  | 796.70*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 18.00*  | 18.00*  | 18.00*  | 18.00*   | 18.00*   | 18.00*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         |         |         | 2072.90* | 2545.20* | 2647.30* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         |         | 1500.00  | 1501.60* | 1500.00  | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |         |         | 18.00*   | 18.00*   | 18.00*   | 48 |
| 49 BRONCHOSCOPY                  |         |         |         | 179.00*  | 179.00*  | 179.00*  | 49 |
| 50 THORACENTESIS                 |         |         |         | 44.70*   | 44.70*   | 44.70*   | 50 |
| 51 CATHETERIZATION OF HEART      |         |         |         | 475.00   | 475.00   | 475.00   | 51 |
| 52 INSERTION OF PACEMAKER        |         |         |         | 895.20*  | 895.20*  | 895.20*  | 52 |
| 53 PARTIAL COLECTOMY             |         |         |         | 895.20*  | 895.20*  | 895.20*  | 53 |
| 54 APPENDECTOMY                  |         |         |         | 393.80*  | 360.00   | 360.00   | 54 |
| 55 SIGMOIDOSCOPY                 |         |         |         | 26.90*   | 26.90*   | 26.90*   | 55 |

1982 PREVAILING CHARGE SUMMARY DATA MUTUAL OF OMAHA INSURANCE CO.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEBRASKA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | AREA 1  | AREA 3  | AREA 4  | AREA 1  | AREA 3  | AREA 4  |     |
|----------------------------------|---------|---------|---------|---------|---------|---------|-----|
| 56 HEMORRHOIDECTOMY              |         |         |         | 313.40* | 313.40* | 313.40* | 56  |
| 57 CHOLECYSTECTOMY               |         |         |         | 626.50* | 626.50* | 625.00  | 57  |
| 58 REPAIR HERNIA                 |         |         |         | 358.10* | 358.10* | 358.10* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  |         |         |         | 53.70*  | 53.70*  | 53.70*  | 59  |
| 60 DILATION OF URETHRA           |         |         |         | 18.00*  | 15.00   | 18.00*  | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         |         |         | 787.80* | 787.80* | 787.80* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) |         |         |         | 716.20* | 716.20* | 666.20* | 62  |
| 63 HYSTERECTOMY                  |         |         |         | 716.20* | 716.20* | 716.20* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |         |         | 25.80*  | 25.80*  | 25.00   | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |         |         | 27.00*  | 30.60*  | 33.70*  | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |         |         | 12.50*  | 12.50*  | 6.00    | 66  |
| 67 EXTRACTION OF LENS            |         |         |         | 626.50* | 626.50* | 596.30* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 22.50*P | 22.50*P | 22.50*P | 22.50*P | 22.50*P | 22.50*P | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 26.90*P | 26.90*P | 26.90*P | 28.60*P | 27.00 P | 28.60*P | 69  |
| 70 X-RAY SPINE                   |         |         |         | 60.00 P | 48.00 P | 60.00 P | 70  |
| 71 X-RAY HIP                     |         |         |         | 26.90*P | 26.90*P | 26.90*P | 71  |
| 72 X-RAY UPPER GI TRACT          | 62.60*P | 72.20*P | 62.60*P | 80.40*P | 80.00 P | 60.00 P | 72  |
| 73 X-RAY COLON                   |         |         |         | 71.70*P | 71.70*P | 55.00 P | 73  |
| 74 RADIATION THERAPY-LOW VOLT    |         |         |         |         |         |         | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |         |         |         |         |         |         | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         |         |         |         |         |         | 76  |
| 77 CAT SCAN - HEAD               |         |         |         | 70.00 P | 68.50 P | 70.00 P | 77  |
| 78 CAT SCAN - ABOOMEN            |         |         |         | 69.60 P | 69.60 P | 69.60 P | 78  |
| 79 THREE CHEMISTRY TESTS         |         |         |         | 25.00   | 30.50   | 30.00   | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |         |         | 24.00   | 29.00   | 30.00   | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         |         |         | 15.00   | 12.00   | 7.00    | 81  |
| 82 HEMOGLOBIN                    |         |         |         | 3.90L   | 4.00L   | 3.00L   | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |         |         | 14.00   | 12.00   | 9.50    | 83  |
| 84 WHITE CELL COUNT              |         |         |         | 3.90L   | 4.00L   | 3.00L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |         |         | 8.50L   | 9.50L   | 8.00L   | 85  |
| 86 CHOLESTEROL TEST              |         |         |         | 7.00L   | 7.50L   | 6.50L   | 86  |
| 87 FLOCCULATION TEST             |         |         |         | 5.00    | 5.50    | 5.00    | 87  |
| 88 HEMATOCRIT                    |         |         |         | 3.90L   | 4.00L   | 3.00L   | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |         |         | 8.90    | 11.60   | 7.00    | 89  |
| 90 POTASSIUM TEST - BLOOD        |         |         |         | 9.20    | 9.00    | 10.10   | 90  |
| 91 PROTHROMBIN TIME TEST         |         |         |         | 7.00L   | 7.00L   | 6.50L   | 91  |
| 92 SEDIMENTATION RATE            |         |         |         | 4.20L   | 4.50L   | 5.00    | 92  |
| 93 BLOOD SUGAR                   |         |         |         | 7.00L   | 6.50L   | 6.00L   | 93  |
| 94 BUN-UREA - NITROGEN           |         |         |         | 7.50L   | 8.00L   | 8.00L   | 94  |
| 95 URIC ACID                     |         |         |         | 6.00L   | 8.00L   | 7.45L   | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |         |         |         | 3.60    | 5.00    | 5.00    | 96  |
| 97 PAP TEST                      |         |         |         | 7.00L   | 6.00L   | 7.00L   | 97  |
| 98 ROUTINE URINALYSIS            |         |         |         | 4.00L   | 5.00L   | 3.50L   | 98  |
| 99 CHEMICAL URINALYSIS           |         |         |         | 4.00L   | 5.00L   | 3.50L   | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |         |         | 20.40   | 20.00   | 20.10   | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |         |         | 33.00   | 25.00   | 33.00   | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |         |         |         |         |         | 102 |
| 103 KIDNEY TRANSPLANT            |         |         |         |         |         |         | 103 |
| 104 HOSPITAL BED - RENTAL        |         |         |         | 35.00L  | 35.00L  | 35.00L  | 104 |
| 105 WALKER - RENTAL              |         |         |         | 7.00    | 7.00    | 7.00    | 105 |
| 106 WHEELCHAIR - RENTAL          |         |         |         | 15.00L  | 17.50L  | 12.00   | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         |         |         |         |         |         | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |         |         | 871.92  | 871.92  | 871.92  | 108 |
| 109 WALKER - PURCHASE            |         |         |         | 56.20   | 51.00   | 40.50   | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |         |         | 262.00L | 200.00L | 226.00L | 110 |

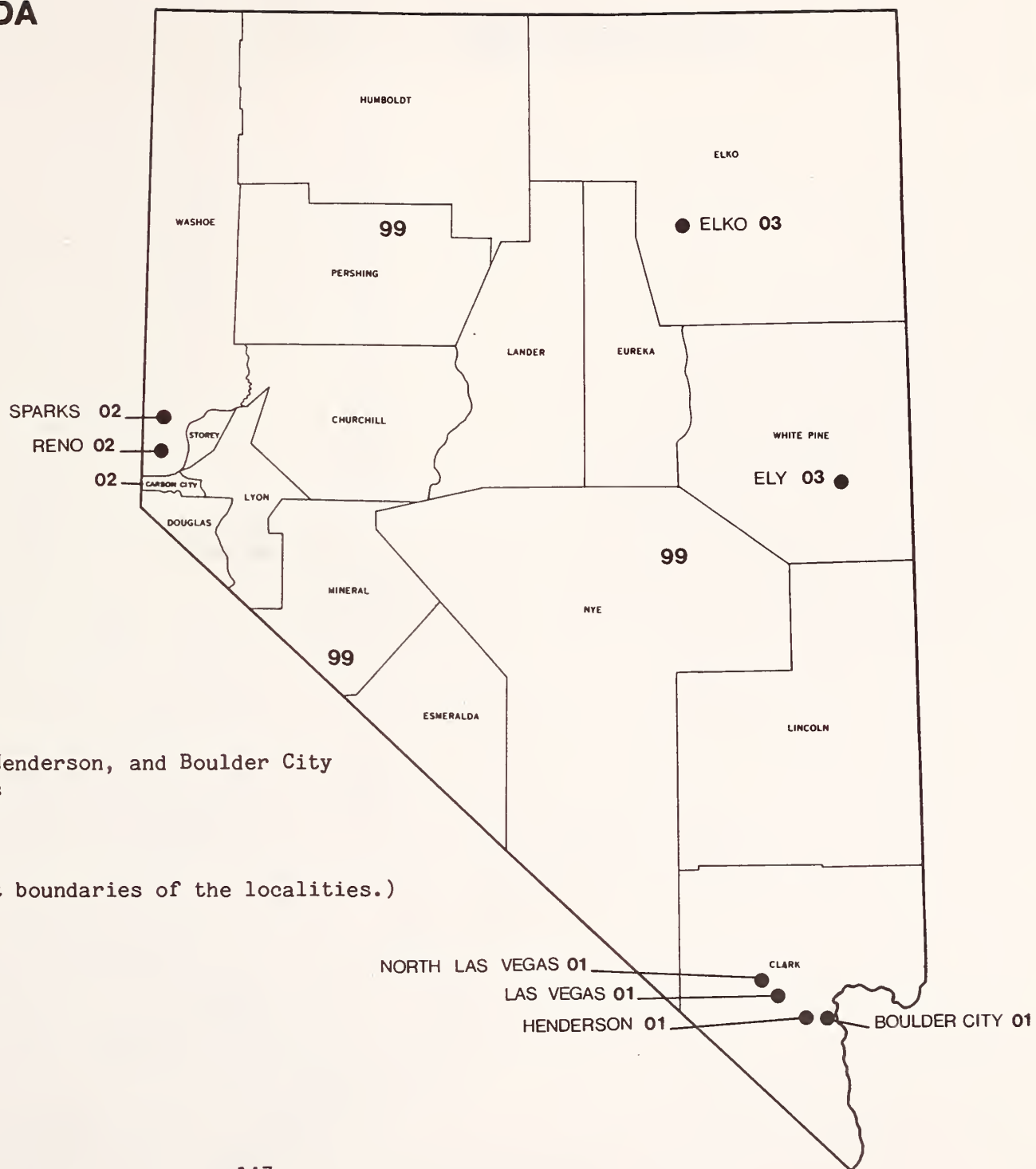
Nevada

Because of carrier computer difficulties at the time of printing, no data is available for Nevada in the directory.

Those interested in Medicare data for these procedures for the State of Nevada can write direct to:

Medicare  
Aetna Life and Casualty  
P.O. Box 11260  
Phoenix, Arizona 85017

# NEVADA



## Four Localities:

- 01 - Las Vegas, North Las Vegas, Henderson, and Boulder City
- 02 - Reno, Carson City, and Sparks
- 03 - Elko and Ely
- 99 - Rest of State

(The city boundaries are the exact boundaries of the localities.)

NEW HAMPSHIRE



## NEW HAMPSHIRE



One Locality - Statewide

1982 PREVAILING CHARGE SUMMARY DATA NEW HAMPSHIRE-VERMONT B/S  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEW HAMPSHIRE  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | O1     | O1       |    |
|----------------------------------|--------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |        | 7.20*    | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 17.90* | 20.00    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |        | 35.00    | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 26.90* | 44.75*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 5.40*  | 7.20*    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 8.75*  | 10.70*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 12.50* | 14.30*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 17.90* | 17.90*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      |        |          | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 35.00  | 44.75*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 13.40* | 10.00    | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |        | 21.50*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 17.90* | 28.80*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |        | 14.30*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 8.75*  | 10.70*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 30.70* | 44.75*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |        |          | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 35.80* | 60.00    | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 12.50* | 17.90*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    |        |          | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 17.90* | 17.90*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |        | 35.80*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |        | 7.20*    | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |        | 17.90*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |        | 30.80*   | 25 |
| 26 LIMITED CONSULTATION          | 29.40* | 44.75*   | 26 |
| 27 EXTENSIVE CONSULTATION        |        | 44.75*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |        | 62.70*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |        | 50.00    | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |        | 26.90*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 13.20  | 12.00    | 31 |
| 32 INITIAL PHYSIOTHERAPY         |        | 9.90     | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |        | 12.00    | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 26.00  | 26.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 14.00  | 14.00    | 35 |
| 36 SPIROMETRY                    |        | 25.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |        | 42.00    | 37 |
| 38 CHEMOTHERAPY                  |        | 47.50*   | 38 |
| 39 COLLECTION OF SPECIMENS       |        | 3.00     | 39 |
| 40 DEBRIDEMENT OF NAILS          |        | 13.40*   | 40 |
| 41 SKIN BIOPSY                   |        | 25.00    | 41 |
| 42 CHEMOCAUTERY                  |        | 31.60*   | 42 |
| 43 RADICAL MASTECTOMY            |        | 751.80*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |        |          | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 25.10* | 21.50*   | 45 |
| 46 CORONARY ARTERY BYPASS        |        | 2678.50  | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |        | 1790.00* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |        | 25.00    | 48 |
| 49 BRONCHOSCOPY                  |        | 179.00*  | 49 |
| 50 THORACENTESIS                 |        | 31.30*   | 50 |
| 51 CATHETERIZATION OF HEART      |        | 454.20*  | 51 |
| 52 INSERTION OF PACEMAKER        |        | 990.00   | 52 |
| 53 PARTIAL COLECTOMY             |        | 830.00   | 53 |
| 54 APPENDECTOMY                  | 421.00 | 425.10*  | 54 |
| 55 SIGMOIDOSCOPY                 |        | 37.00    | 55 |

1982 PREVAILING CHARGE SUMMARY DATA NEW HAMPSHIRE-VERMONT B/S  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEW HAMPSHIRE  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | O1     | O1      |     |
|----------------------------------|--------|---------|-----|
| 56 HEMORRHOIOECTOMY              |        | 214.80* | 56  |
| 57 CHOLECYSTECTOMY               |        | 626.50* | 57  |
| 58 REPAIR HERNIA                 |        |         | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 65.50* | 53.70*  | 59  |
| 60 DILATION OF URETHRA           |        | 17.90*  | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |        | 859.20* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 825.00 | 808.00  | 62  |
| 63 HYSTERECTOMY                  |        | 800.00  | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |        | 17.90*  | 64  |
| 65 COMPREHENSIVE EYE EXAM        |        |         | 65  |
| 66 EYE EXAM WITH TONOMETRY       |        |         | 66  |
| 67 EXTRACTION OF LENS            | 825.00 | 716.00* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 17.90  | 10.00 P | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 26.90* | 12.00 P | 69  |
| 70 X-RAY SPINE                   |        | 17.90*P | 70  |
| 71 X-RAY HIP                     |        | 12.50 P | 71  |
| 72 X-RAY UPPER GI TRACT          | 58.50  | 28.60*P | 72  |
| 73 X-RAY COLON                   |        | 30.00 P | 73  |
| 74 RADIATION THERAPY-LOW VOLT    |        |         | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |        |         | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |        |         | 76  |
| 77 CAT SCAN - HEAD               |        | 68.00 P | 77  |
| 78 CAT SCAN - ABOOMEN            |        |         | 78  |
| 79 THREE CHEMISTRY TESTS         |        |         | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |        |         | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |        | 6.00    | 81  |
| 82 HEMOGLOBIN                    |        | 3.00L   | 82  |
| 83 AUTOMATED BLOOD COUNT         |        | 6.50    | 83  |
| 84 WHITE CELL COUNT              |        | 3.00L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |        | 7.50L   | 85  |
| 86 CHOLESTEROL TEST              |        | 8.00L   | 86  |
| 87 FLOCCULATION TEST             |        | 5.50    | 87  |
| 88 HEMATOCRIT                    |        | 3.25L   | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |        | 7.50    | 89  |
| 90 POTASSIUM TEST - BLOOD        |        | 7.50    | 90  |
| 91 PROTHROMBIN TIME TEST         |        | 7.00L   | 91  |
| 92 SEDIMENTATION RATE            |        | 4.50L   | 92  |
| 93 BLOOD SUGAR                   |        | 6.00L   | 93  |
| 94 BUN-UREA - NITROGEN           |        | 7.25L   | 94  |
| 95 URIC ACID                     |        | 7.00L   | 95  |
| 96 FECES-OCULT BLOOD-SCREENING   |        | 3.50    | 96  |
| 97 PAP TEST                      |        | 6.00L   | 97  |
| 98 ROUTINE URINALYSIS            |        | 4.00L   | 98  |
| 99 CHEMICAL URINALYSIS           |        | 3.00    | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |        | 20.00   | 100 |
| 101 ELEC MONITORING-PACEMAKER    |        |         | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |        | 962.50  | 102 |
| 103 KIDNEY TRANSPLANT            |        | 1265.00 | 103 |
| 104 HOSPITAL BED - RENTAL        |        |         | 104 |
| 105 WALKER - RENTAL              |        | 10.00   | 105 |
| 106 WHEELCHAIR - RENTAL          |        | 25.00L  | 106 |
| 107 LIQUID OXYGEN - RENTAL       |        |         | 107 |
| 108 HOSPITAL BED - PURCHASE      |        |         | 108 |
| 109 WALKER - PURCHASE            |        | 34.50   | 109 |
| 110 WHEELCHAIR - PURCHASE        |        | 346.80  | 110 |

NEW JERSEY

# NEW JERSEY



## Three Localities:

- 01 Bergen, Essex, Hudson, Hunterdon, Middlesex, Morris, Passaic, Somerset, Sussex, Union, Warren Counties
- 02 Burlington, Mercer, Monmouth, and Ocean Counties
- 03 Atlantic, Camden, Cape May, Cumberland, Gloucester, Salem Counties



1982 PREVAILING CHARGE SUMMARY DATA PRUDENTIAL INSURANCE COMPANY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEW JERSEY  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | O1      | O2      | O3      | O1       | O2       | O3       |    |
|----------------------------------|---------|---------|---------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |         |         | 17.90*   | 17.90*   | 17.90*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 26.90*  | 25.00   | 25.00   | 44.80*   | 35.80*   | 35.80*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |         | 17.90*   | 17.90*   | 17.90*   | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 35.80*  | 35.00   | 35.80*  | 53.70*   | 53.70*   | 44.80*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 14.30*  | 14.30*  | 12.50*  | 17.90*   | 17.90*   | 17.90*   | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 14.30*  | 14.30*  | 12.50*  | 17.90*   | 17.90*   | 17.90*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 14.30*  | 14.30*  | 12.50*  | 17.90*   | 17.90*   | 17.90*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 30.00   | 25.00   | 20.00   | 40.00    | 30.00    | 25.00    | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 30.00   | 25.00   | 20.00   | 40.00    | 30.00    | 25.00    | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 30.00   | 25.00   | 20.00   | 40.00    | 30.00    | 25.00    | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 21.50*  | 17.90*  | 17.90*  | 21.50*   | 21.50*   | 17.90*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |         |         | 21.50*   | 21.50*   | 17.90*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 21.50*  | 17.90*  | 17.90*  | 21.50*   | 21.50*   | 17.90*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |         | 26.90*   | 21.50*   | 17.90    | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 14.30*  | 14.30*  | 12.50*  | 17.90*   | 17.90*   | 17.90*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 44.80*  | 44.80*  | 44.80*  | 62.70*   | 62.70*   | 53.70*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         |         | 62.70*   | 62.70*   | 53.70*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 50.00   | 50.00   | 45.50*  | 83.40*   | 74.60*   | 63.90*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 17.90*  | 17.90*  | 17.90*  | 21.50*   | 17.90*   | 17.90*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 17.90*  | 17.90*  | 17.90*  | 21.50*   | 17.90*   | 17.90*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 17.90*  | 17.90*  | 17.90*  | 21.50*   | 17.90*   | 17.90*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         |         | 21.50*   | 17.90*   | 17.90*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |         |         | 26.90*   | 26.90*   | 26.90*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         |         | 26.90*   | 26.90*   | 26.90*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |         |         | 26.90*   | 26.90*   | 26.90*   | 25 |
| 26 LIMITED CONSULTATION          | 20.00   | 25.00   | 25.00   | 26.90*   | 26.90*   | 26.90*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         |         |         | 89.50*   | 62.70*   | 71.60*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |         |         | 100.00   | 76.70*   | 75.00    | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |         |         | 60.00    | 53.70*   | 60.00    | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |         |         | 40.00    | 35.80*   | 35.80*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 8.00    | 8.00    | 8.00    | 15.00    | 15.00    | 15.00    | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |         |         | 17.90*   | 17.90*   | 14.30    | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |         |         | 17.90*   | 17.90*   |          | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 30.00   | 30.00   | 25.00   | 30.00    | 30.00    | 30.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 21.50*P | 25.00 P | 25.00 P | 10.00 P  | 25.00 P  | 9.00*P   | 35 |
| 36 SPIROMETRY                    |         |         |         | 27.80*   | 31.30*   | 25.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |         |         | 62.70*   | 71.60*   | 71.60*   | 37 |
| 38 CHEMOTHERAPY                  |         |         |         | 26.90*   | 21.50*   | 28.50*   | 38 |
| 39 COLLECTION OF SPECIMENS       |         |         |         | 3.00     | 3.00     | 3.00     | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |         |         |          |          |          | 40 |
| 41 SKIN BIOPSY                   |         |         |         | 75.00    | 53.00    | 62.70*   | 41 |
| 42 CHEMOCAUTERY                  |         |         |         | 26.90*   | 26.90*   | 26.90*   | 42 |
| 43 RADICAL MASTECTOMY            |         |         |         | 957.70*  | 895.00*  | 716.00*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |         |         | 1253.00  | 1163.50  | 895.00*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 35.80*  | 21.50   | 33.00   | 35.80*   | 40.00    | 35.80*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         |         |         | 4875.00* | 4850.00* | 4625.00* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         |         | 1500.00  | 1235.10  | 1074.00  | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |         |         | 35.80*   | 26.90*   | 35.80*   | 48 |
| 49 BRONCHOSCOPY                  |         |         |         | 268.50*  | 313.30   | 196.90*  | 49 |
| 50 THORACENTESIS                 |         |         |         | 62.70*   | 62.70*   | 62.70*   | 50 |
| 51 CATHETERIZATION OF HEART      |         |         |         | 537.00*  | 537.00*  | 537.00*  | 51 |
| 52 INSERTION OF PACEMAKER        |         |         |         | 1168.90  | 1163.50* | 895.00   | 52 |
| 53 PARTIAL COLECTOMY             |         |         |         | 1342.50* | 1253.00* | 1074.00* | 53 |
| 54 APPENDECTOMY                  | 696.00  | 581.80  | 581.80  | 563.90*  | 572.80*  | 492.30*  | 54 |
| 55 SIGMOIDOSCOPY                 |         |         |         | 60.00    | 62.70*   | 62.70*   | 55 |

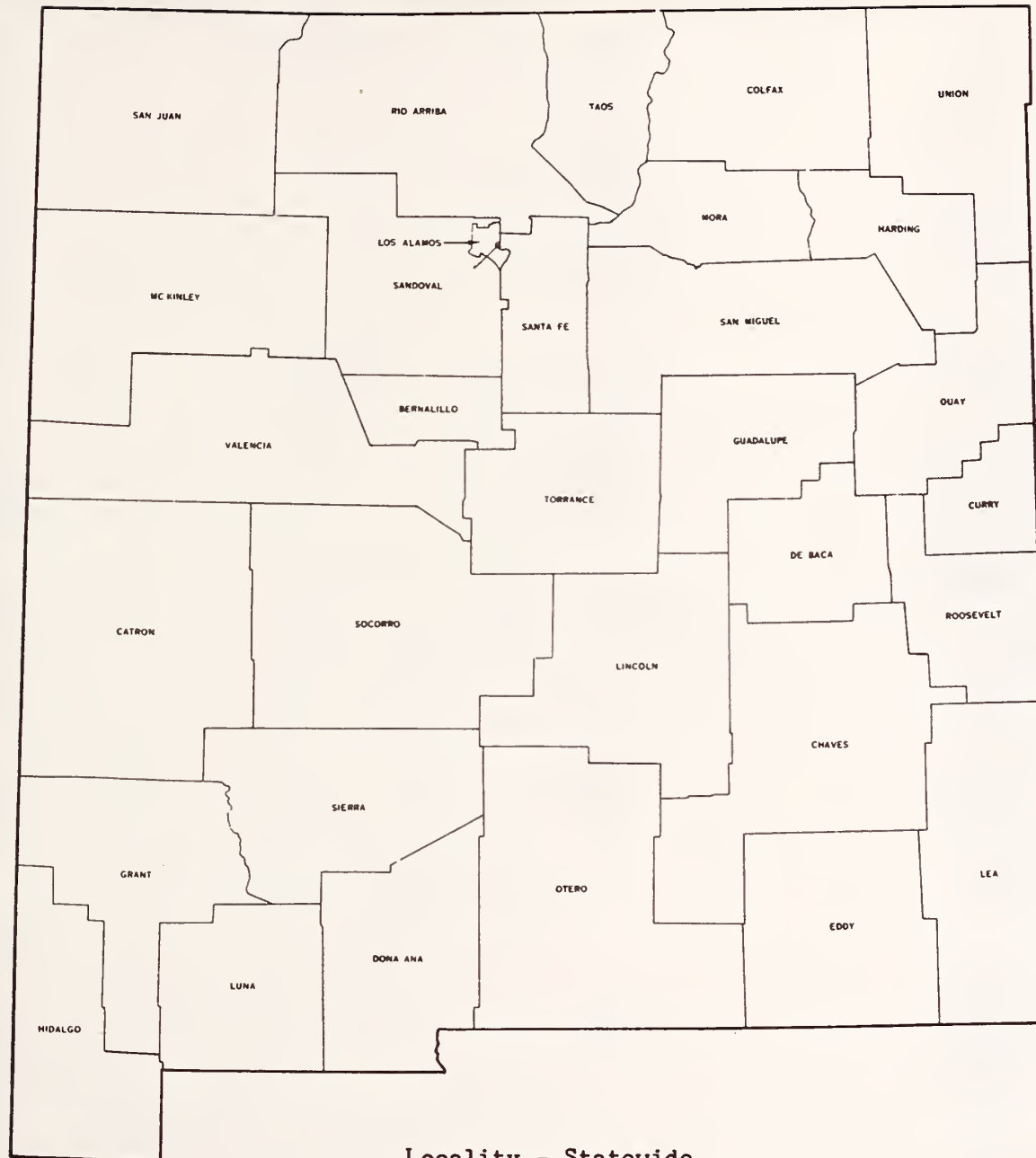
1982 PREVAILING CHARGE SUMMARY DATA PRUDENTIAL INSURANCE COMPANY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEW JERSEY  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | O1      | O2      | O3      | O1       | O2       | O3       |     |
|----------------------------------|---------|---------|---------|----------|----------|----------|-----|
| 56 HEMORRHOIDECTOMY              |         |         |         | 447.50*  | 355.00   | 402.80   | 56  |
| 57 CHOLECYSTECTOMY               |         |         |         | 895.00*  | 841.30*  | 716.00*  | 57  |
| 58 REPAIR HERNIA                 |         |         |         | 554.90*  | 537.00*  | 447.50*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 85.00   | 62.70   | 62.70   | 80.60*   | 89.50*   | 71.60*   | 59  |
| 60 DILATION OF URETHRA           |         |         |         | 26.90*   | 30.00    | 20.00    | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         |         |         | 1306.90* | 1074.00* | 939.80*  | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 984.50* | 984.50* | 984.50* | 1074.00* | 1172.50* | 895.00*  | 62  |
| 63 HYSTERECTOMY                  |         |         |         | 1163.50* | 895.00*  | 850.30   | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |         |         | 31.30*   | 31.30*   | 28.00    | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |         |         | 30.50*   | 29.70*   | 35.00    | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |         |         | 31.30*   | 31.30*   | 28.00    | 66  |
| 67 EXTRACTION OF LENS            | 984.50* | 984.50* | 984.50* | 1074.00* | 895.00*  | 895.00*  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 26.90*  | 26.90*  | 25.00   | 35.00    | 32.20*   | 30.00    | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 35.00   | 26.90*  | 26.90*  | 35.80*   | 33.00    | 35.80*   | 69  |
| 70 X-RAY SPINE                   |         |         |         | 53.70*   | 50.00    | 65.00    | 70  |
| 71 X-RAY HIP                     |         |         |         |          | 36.00    | 35.80*   | 71  |
| 72 X-RAY UPPER GI TRACT          | 89.50*  | 80.60   | 71.60   | 89.50*   | 77.00    | 71.60*   | 72  |
| 73 X-RAY COLON                   |         |         |         | 78.80    | 80.00    | 80.60*   | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 30.00   | 30.00   | 30.00   | 30.00    | 30.00    | 24.80    | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  | 45.00   | 40.00   | 51.00   | 45.00    | 40.00    | 51.00    | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         |         |         | 30.00    | 42.00    | 24.80    | 76  |
| 77 CAT SCAN - HEAD               |         |         |         | 325.00   | 325.00   | 325.00   | 77  |
| 78 CAT SCAN - ABOOMEN            |         |         |         | 350.00   | 350.00   | 350.00   | 78  |
| 79 THREE CHEMISTRY TESTS         |         |         |         | 10.00    | 10.00    | 10.00    | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |         |         | 20.00    | 20.00    | 20.00    | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         |         |         | 10.00    | 10.00    | 10.00    | 81  |
| 82 HEMOGLOBIN                    |         |         |         | 2.00L    | 2.00L    | 2.00L    | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |         |         | 2.00L    | 2.00L    | 2.00L    | 83  |
| 84 WHITE CELL COUNT              |         |         |         | 3.00L    | 3.00L    | 3.00L    | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |         |         | 6.50L    | 6.50L    | 6.50L    | 85  |
| 86 CHOLESTEROL TEST              |         |         |         | 5.10L    | 5.10L    | 5.10L    | 86  |
| 87 FLOCCULATION TEST             |         |         |         | 6.40     | 6.40     | 6.40     | 87  |
| 88 HEMATOCRIT                    |         |         |         | 3.00L    | 3.00L    | 3.00L    | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |         |         | 6.80     | 6.80     | 6.80     | 89  |
| 90 POTASSIUM TEST - BLOOD        |         |         |         | 7.50     | 7.50     | 7.50     | 90  |
| 91 PROTHROMBIN TIME TEST         |         |         |         | 6.00L    | 6.00L    | 6.00L    | 91  |
| 92 SEDIMENTATION RATE            |         |         |         | 5.00L    | 5.00L    | 5.00L    | 92  |
| 93 BLOOD SUGAR                   |         |         |         | 4.75L    | 4.75L    | 4.75L    | 93  |
| 94 BUN-UREA - NITROGEN           |         |         |         | 5.00L    | 5.00L    | 5.00L    | 94  |
| 95 URIC ACID                     |         |         |         | 4.75L    | 4.75L    | 4.75L    | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |         |         |         | 5.00     | 5.00     | 5.00     | 96  |
| 97 PAP TEST                      |         |         |         | 6.50L    | 6.50L    | 6.50L    | 97  |
| 98 ROUTINE URINALYSIS            |         |         |         | 4.30L    | 4.30L    | 4.30L    | 98  |
| 99 CHEMICAL URINALYSIS           |         |         |         | 4.30L    | 4.30L    | 4.30L    | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |         |         | 20.00    | 20.00    | 20.00    | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |         |         | 45.00    | 60.00    | 50.00    | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |         |         | 3240.00* | 3280.00* | 2480.00* | 102 |
| 103 KIDNEY TRANSPLANT            |         |         |         | 1333.40* | 1333.40* | 1333.40* | 103 |
| 104 HOSPITAL BED - RENTAL        |         |         |         | 60.00    | 60.00    | 60.00    | 104 |
| 105 WALKER - RENTAL              |         |         |         | 17.00    | 17.00    | 17.00    | 105 |
| 106 WHEELCHAIR - RENTAL          |         |         |         | 25.00    | 25.00    | 25.00    | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         |         |         | 25.00    | 25.00    | 25.00    | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |         |         |          |          |          | 108 |
| 109 WALKER - PURCHASE            |         |         |         | 43.00    | 43.00    | 43.00    | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |         |         | 250.00   | 250.00   | 250.00   | 110 |

NEW MEXICO

# NEW MEXICO



Locality - Statewide

1982 PREVAILING CHARGE SUMMARY DATA      EQUITABLE LIFE ASSURANCE SOCIETY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEW MEXICO  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | SINGLE  | SINGLE   |    |
|----------------------------------|---------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         | 23.30*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 31.28   | 31.28    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         | 31.28    | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 33.50   | 65.40*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 7.30*   | 10.30    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 13.10*  | 14.90*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 17.50   | 20.40*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 20.00   | 22.83    | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 26.12   | 36.49    | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 35.00   | 59.00    | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 18.60*  | 28.10*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         | 30.00    | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 27.24   | 40.00    | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         | 13.90*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 13.10*  | 14.90*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 28.10*  | 37.25*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         | 49.30*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 63.90   | 70.00*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 11.20*  | 13.90*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 18.60*  | 20.10*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 24.40   | 24.40    | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         | 35.32    | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         | 17.30*P  | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         | 26.10 P  | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         | 34.85 P  | 25 |
| 26 LIMITED CONSULTATION          | 28.10*  | 40.00*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         | 55.80*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         | 74.60*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         | 45.10*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         | 27.50    | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 11.90*  | 12.40*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         | 11.90*   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         | 14.90*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 28.10*  | 28.20*   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 14.40*  | 10.00 P  | 35 |
| 36 SPIROMETRY                    |         | 30.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         | 69.90*   | 37 |
| 38 CHEMOTHERAPY                  |         |          | 38 |
| 39 COLLECTION OF SPECIMENS       |         | 3.00*    | 39 |
| 40 DEBRIDEMENT OF NAILS          |         | 10.40    | 40 |
| 41 SKIN BIOPSY                   |         | 29.70*   | 41 |
| 42 CHEMOCAUTERY                  |         | 18.60*   | 42 |
| 43 RADICAL MASTECTOMY            |         | 892.10*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         | 933.10*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 37.25*  | 37.25*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         | 3410.50* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         | 2143.60* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         | 27.68    | 48 |
| 49 BRONCHOSCOPY                  |         | 232.70*  | 49 |
| 50 THORACENTESIS                 |         | 46.60*   | 50 |
| 51 CATHETERIZATION OF HEART      |         | 597.80*  | 51 |
| 52 INSERTION OF PACEMAKER        |         | 1042.50  | 52 |
| 53 PARTIAL COLECTOMY             |         | 1117.30* | 53 |
| 54 APPENDECTOMY                  | 461.50* | 502.90*  | 54 |
| 55 SIGMOIDOSCOPY                 |         | 38.17    | 55 |



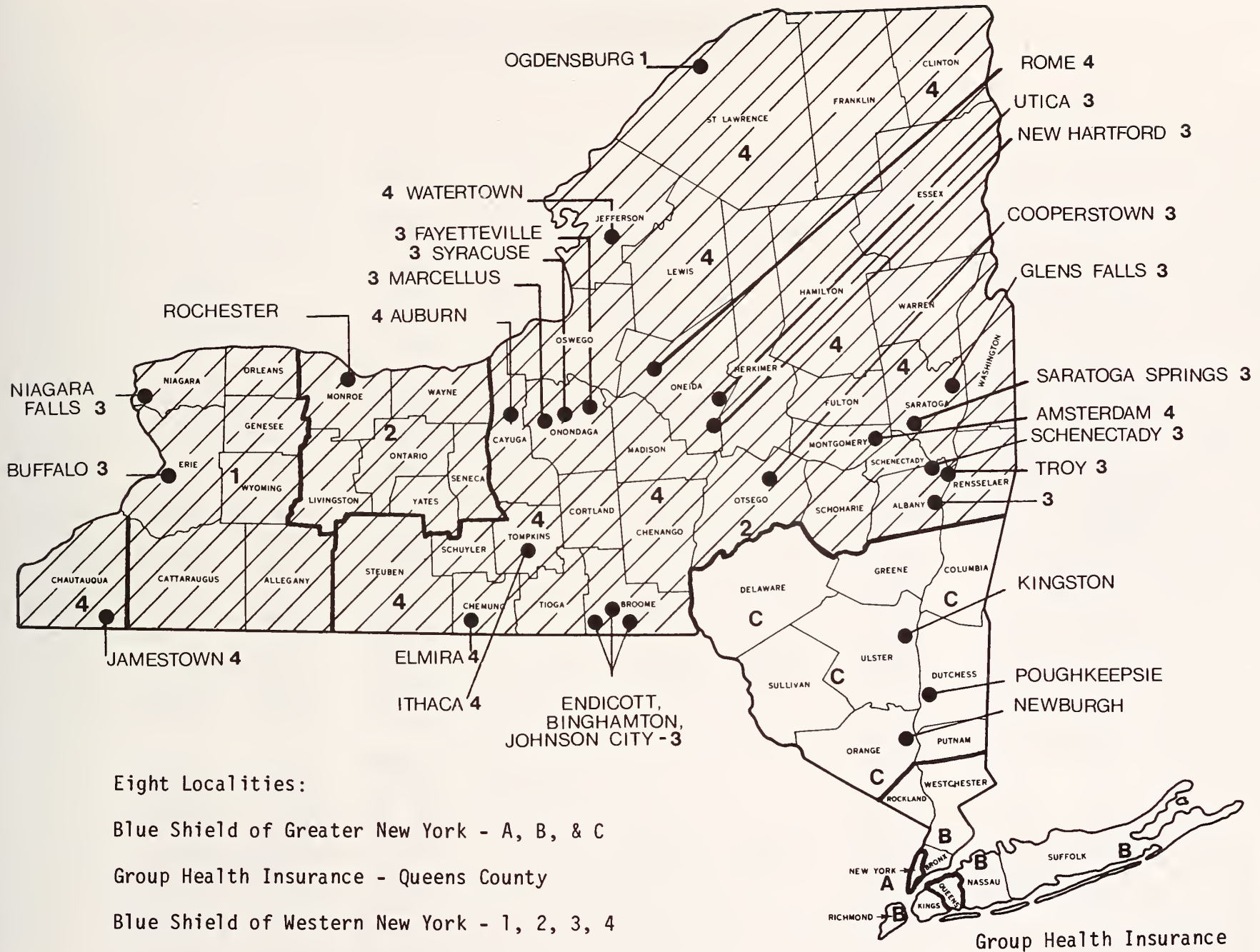
1982 PREVAILING CHARGE SUMMARY DATA      EQUITABLE LIFE ASSURANCE SOCIETY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEW MEXICO  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | SINGLE | SINGLE   |     |
|----------------------------------|--------|----------|-----|
| 56 HEMORRHOIDECTOMY              |        | 364.50*  | 56  |
| 57 CHOLECYSTECTOMY               |        | 744.80*  | 57  |
| 58 REPAIR HERNIA                 |        | 462.60*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 65.30* | 65.30*   | 59  |
| 60 DILATION OF URETHRA           |        | 18.60*   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |        | 858.00   | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) |        | 947.80*  | 62  |
| 63 HYSTERECTOMY                  |        | 888.20*  | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |        | 25.30*   | 64  |
| 65 COMPREHENSIVE EYE EXAM        |        | 25.30*   | 65  |
| 66 EYE EXAM WITH TONOMETRY       |        | 12.70*   | 66  |
| 67 EXTRACTION OF LENS            |        | 871.80*  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 20.40* | 22.40*   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 28.10* | 28.20*   | 69  |
| 70 X-RAY SPINE                   |        | 37.25*   | 70  |
| 71 X-RAY HIP                     |        | 37.25*   | 71  |
| 72 X-RAY UPPER GI TRACT          | 58.70* | 81.80*   | 72  |
| 73 X-RAY COLON                   |        | 65.30*   | 73  |
| 74 RADIATION THERAPY-LOW VOLT    |        | 23.30*   | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |        | 28.10*   | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |        | 28.10*   | 76  |
| 77 CAT SCAN - HEAD               |        | 300.00   | 77  |
| 78 CAT SCAN - ABDOMEN            |        | 337.64   | 78  |
| 79 THREE CHEMISTRY TESTS         |        | 12.26    | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |        | 26.13    | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |        | 12.50    | 81  |
| 82 HEMOGLOBIN                    |        | 3.67L    | 82  |
| 83 AUTOMATED BLOOD COUNT         |        |          | 83  |
| 84 WHITE CELL COUNT              |        | 4.20L    | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |        | 9.75L    | 85  |
| 86 CHOLESTEROL TEST              |        | 8.50L    | 86  |
| 87 FLOCCULATION TEST             |        | 6.00     | 87  |
| 88 HEMATOCRIT                    |        | 26.00    | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |        | 10.02    | 89  |
| 90 POTASSIUM TEST - BLOOD        |        | 10.45    | 90  |
| 91 PROTHROMBIN TIME TEST         |        | 7.32L    | 91  |
| 92 SEDIMENTATION RATE            |        | 4.18L    | 92  |
| 93 BLOOD SUGAR                   |        | 7.18L    | 93  |
| 94 BUN-UREA - NITROGEN           |        | 6.80L    | 94  |
| 95 URIC ACID                     |        | 7.28L    | 95  |
| 96 FECES-OCULT BLOOD-SCREENING   |        | 5.73     | 96  |
| 97 PAP TEST                      |        | 9.00L    | 97  |
| 98 ROUTINE URINALYSIS            |        | 5.00L    | 98  |
| 99 CHEMICAL URINALYSIS           |        | 6.00     | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |        | 27.40*   | 100 |
| 101 ELEC MONITORING-PACEMAKER    |        | 41.70*   | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |        | 1217.76  | 102 |
| 103 KIDNEY TRANSPLANT            |        | 1353.37* | 103 |
| 104 HOSPITAL BED - RENTAL        |        | 33.79L   | 104 |
| 105 WALKER - RENTAL              |        | 10.40    | 105 |
| 106 WHEELCHAIR - RENTAL          |        | 20.80L   | 106 |
| 107 LIQUID OXYGEN - RENTAL       |        | 75.06    | 107 |
| 108 HOSPITAL BED - PURCHASE      |        | 322.68L  | 108 |
| 109 WALKER - PURCHASE            |        | 47.22    | 109 |
| 110 WHEELCHAIR - PURCHASE        |        | 200.00L  | 110 |

NEW YORK

## NEW YORK



Eight Localities:

Blue Shield of Greater New York - A, B, & C

## Group Health Insurance - Queens County

Blue Shield of Western New York - 1, 2, 3, 4

(For more locality information see Apendix A)

1982 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF GREATER NEW YORK  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEW YORK  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | A       | B       | C       | A        | B        | C        |    |
|----------------------------------|---------|---------|---------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |         |         | 62.70*   | 44.75*   | 35.00    | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   |         |         |         |          |          |          | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |         |          |          |          | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 35.00   | 32.00   | 26.90*  | 62.70*   | 44.75*   | 44.75*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 21.50*  | 17.40*  | 14.30*  | 35.80*   | 25.50*   | 17.90*   | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 26.90*  | 25.00*  | 17.90*  | 53.70*   | 44.75*   | 44.75*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  |         |         |         |          |          |          | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  |         |         |         |          |          |          | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 32.20*  | 26.90*  | 20.00   | 44.75*   | 35.80*   | 30.00    | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    |         |         |         |          |          |          | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 26.90*  | 26.10*  | 18.40*  | 44.75*   | 26.90*   | 25.00    | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |         |         |          |          |          | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   |         |         |         |          |          |          | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |         | 35.80*   | 30.40*   | 21.50*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 21.50*  | 17.40   | 14.30*  | 35.80*   | 25.50*   | 17.90*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 35.80*  | 31.00*  | 26.90*  | 62.70*   | 47.10*   | 53.70*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         |         |          |          |          | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   |         |         |         |          |          |          | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 26.90*  | 21.50*  | 17.90*  | 44.75*   | 26.90*   | 25.00    | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    |         |         |         |          |          |          | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   |         |         |         |          |          |          | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         |         |          |          |          | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |         |         | 30.00*   | 35.80*   | 26.90*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         |         |          |          |          | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |         |         |          |          |          | 25 |
| 26 LIMITED CONSULTATION          | 89.50*  | 63.20*  | 44.75*  | 89.50*   | 89.50*   | 62.70*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         |         |         |          |          |          | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |         |         | 107.40*  | 88.25*   | 89.50*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |         |         | 68.00*   | 60.00    | 40.00    | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |         |         |          |          |          | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 14.10*  | 15.20*  | 11.80*  | 14.00*   | 14.00*   | 12.50*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |         |         | 26.90*   | 17.90*   | 14.30*   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |         |         | 20.00    | 23.00    | 17.90*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 28.20*  | 34.90*  | 30.00   | 38.70*   | 35.00    | 30.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 11.20*  | 14.00*  | 12.00*  | 15.50*   | 14.00*   | 12.00*   | 35 |
| 36 SPIROMETRY                    |         |         |         | 46.20*   | 45.00    | 35.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |         |         | 100.00   | 79.50*   | 62.70*   | 37 |
| 38 CHEMOTHERAPY                  |         |         |         | 50.00    | 50.00    | 44.75*   | 38 |
| 39 COLLECTION OF SPECIMENS       |         |         |         |          |          |          | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |         |         | 35.80*   | 25.00    | 17.90*   | 40 |
| 41 SKIN BIOPSY                   |         |         |         | 62.70*   | 54.60*   | 45.00*   | 41 |
| 42 CHEMOCAUTERY                  |         |         |         | 80.60*   | 60.00    | 40.00    | 42 |
| 43 RADICAL MASTECTOMY            |         |         |         | 1793.90* | 1800.00  | 1398.20* | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |         |         | 2327.00* | 1733.30* | 1342.50* | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 44.75*  | 40.00   | 26.90*  | 62.70*   | 44.75*   | 40.00    | 45 |
| 46 CORONARY ARTERY BYPASS        |         |         |         | 4570.00  | 5000.00  | 5000.00  | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         |         | 3580.00* | 2712.20* | 2432.25* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |         |         | 62.70*   | 40.00    | 40.00    | 48 |
| 49 BRONCHOSCOPY                  |         |         |         | 358.00*  | 314.00*  | 268.50*  | 49 |
| 50 THORACENTESIS                 |         |         |         | 116.40*  | 132.60*  | 71.60*   | 50 |
| 51 CATHETERIZATION OF HEART      |         |         |         |          |          |          | 51 |
| 52 INSERTION OF PACEMAKER        |         |         |         | 1342.50* | 1468.30* | 1500.00  | 52 |
| 53 PARTIAL COLECTOMY             |         |         |         | 2237.50* | 1740.60* | 1342.50* | 53 |
| 54 APPENDECTOMY                  | 626.50* | 805.50* | 537.00* | 984.50*  | 802.80*  | 537.00*  | 54 |
| 55 SIGMOIDOSCOPY                 |         |         |         | 62.70*   | 45.10*   | 50.00    | 55 |



1982 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF GREATER NEW YORK  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEW YORK  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | A        | B        | C        | A        | B        | C        |     |
|----------------------------------|----------|----------|----------|----------|----------|----------|-----|
| 56 HEMORRHOIDECTOMY              |          |          |          | 805.50*  | 665.90*  | 400.00*  | 56  |
| 57 CHOLECYSTECTOMY               |          |          |          | 1521.50* | 1109.30* | 805.50*  | 57  |
| 58 REPAIR HERNIA                 |          |          |          | 984.50*  | 716.00*  | 537.00*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 143.20*  | 80.60*   | 80.60*   | 143.20*  | 130.10*  | 89.50*   | 59  |
| 60 DILATION OF URETHRA           |          |          |          | 44.75*   | 44.75*   | 26.90*   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |          |          |          | 1790.00* | 1419.30* | 1154.60* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 1432.00* | 1342.50* | 1342.50* | 1476.75* | 1342.50* | 1342.50* | 62  |
| 63 HYSTERECTOMY                  |          |          |          | 1521.50* | 1320.80* | 984.50*  | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |          |          |          | 44.75*   | 35.80*   | 40.00    | 64  |
| 65 COMPREHENSIVE EYE EXAM        |          |          |          | 35.10*   | 28.60*   | 30.10*   | 65  |
| 66 EYE EXAM WITH TONOMETRY       |          |          |          | 35.80*   | 26.90*   | 17.90*   | 66  |
| 67 EXTRACTION OF LENS            | 984.50*  | 919.30*  | 799.10*  | 1342.50* | 1228.70* | 940.80*  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 35.00    | 26.90*   | 26.90*   | 35.80*   | 35.00    | 26.90*   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       |          |          |          |          |          |          | 69  |
| 70 X-RAY SPINE                   |          |          |          | 80.60*   | 70.00    | 55.00    | 70  |
| 71 X-RAY HIP                     |          |          |          | 60.00    | 54.10*   | 36.80    | 71  |
| 72 X-RAY UPPER GI TRACT          | 120.00   | 112.10*  | 92.40*   | 134.25*  | 120.00   | 90.00    | 72  |
| 73 X-RAY COLON                   |          |          |          | 134.25*  | 108.70*  | 82.30*   | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 26.90*   | 30.25*   | 26.90*   | 50.00    | 40.00    | 26.90*   | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  | 19.70*   | 44.75*   | 26.90*   | 50.00    | 44.75*   | 25.00    | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |          |          |          |          |          |          | 76  |
| 77 CAT SCAN - HEAD               |          |          |          | 261.20*  | 229.80*  | 184.40*  | 77  |
| 78 CAT SCAN - ABDOMEN            |          |          |          | 295.00*  | 259.40*  | 208.40*  | 78  |
| 79 THREE CHEMISTRY TESTS         |          |          |          | 10.00    | 10.00    | 10.00    | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |          |          |          | 23.00    | 23.00    | 23.00    | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |          |          |          | 15.00    | 15.00    | 15.00    | 81  |
| 82 HEMOGLOBIN                    |          |          |          | 3.00L    | 3.00     | 3.00     | 82  |
| 83 AUTOMATED BLOOD COUNT         |          |          |          |          |          |          | 83  |
| 84 WHITE CELL COUNT              |          |          |          | 3.00L    | 3.00     | 3.00     | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |          |          |          | 7.00L    | 7.00     | 7.00     | 85  |
| 86 CHOLESTEROL TEST              |          |          |          | 5.00L    | 5.00     | 5.00     | 86  |
| 87 FLOCCULATION TEST             |          |          |          | 6.00     | 7.00     | 7.25     | 87  |
| 88 HEMATOCRIT                    |          |          |          | 3.00L    | 3.00     | 3.00     | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |          |          |          | 10.00    | 7.00     | 8.00     | 89  |
| 90 POTASSIUM TEST - BLOOD        |          |          |          | 8.00     | 8.00     | 8.80     | 90  |
| 91 PROTHROMBIN TIME TEST         |          |          |          |          |          |          | 91  |
| 92 SEDIMENTATION RATE            |          |          |          | 5.00L    | 5.00     | 5.00     | 92  |
| 93 BLOOD SUGAR                   |          |          |          | 5.00L    | 5.00     | 5.00     | 93  |
| 94 BUN-UREA - NITROGEN           |          |          |          | 5.50L    | 7.00     | 5.50     | 94  |
| 95 URIC ACID                     |          |          |          | 6.00L    | 7.00     | 6.00     | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |          |          |          | 8.00     | 6.00     | 6.00     | 96  |
| 97 PAP TEST                      |          |          |          | 7.00L    | 7.00     | 7.00     | 97  |
| 98 ROUTINE URINALYSIS            |          |          |          | 8.00L    | 5.00     | 6.00     | 98  |
| 99 CHEMICAL URINALYSIS           |          |          |          |          |          |          | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |          |          |          | 25.00    | 25.00    | 25.00    | 100 |
| 101 ELEC MONITORING-PACEMAKER    |          |          |          | 10.00    | 10.00    | 10.00    | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |          |          |          | 1790.00* | 1420.70* | 1700.50* | 102 |
| 103 KIDNEY TRANSPLANT            |          |          |          | 2165.10* | 2181.50* | 2359.25* | 103 |
| 104 HOSPITAL BED - RENTAL        |          |          |          | 50.00L   | 50.00    | 50.00    | 104 |
| 105 WALKER - RENTAL              |          |          |          | 13.25    | 13.25    | 13.25    | 105 |
| 106 WHEELCHAIR - RENTAL          |          |          |          | 28.50L   | 28.50    | 28.50    | 106 |
| 107 LIQUID OXYGEN - RENTAL       |          |          |          | 120.00   | 120.00   | 120.00   | 107 |
| 108 HOSPITAL BED - PURCHASE      |          |          |          | 400.00L  | 400.00   | 400.00   | 108 |
| 109 WALKER - PURCHASE            |          |          |          | 39.00    | 39.00    | 39.00    | 109 |
| 110 WHEELCHAIR - PURCHASE        |          |          |          | 251.00L  | 251.00   | 251.00   | 110 |



1982 PREVAILING CHARGE SUMMARY DATA GROUP HEALTH INCORPORATED  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEW YORK  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | SINGLE  | SINGLE   |    |
|----------------------------------|---------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         | 44.75*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   |         |          | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |          | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 32.00   | 44.75*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 17.40*  | 25.50*   | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 25.00*  | 44.75*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  |         |          | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  |         |          | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 26.90*  | 35.80*   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    |         |          | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 26.10*  | 26.90*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |          | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   |         |          | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         | 30.40*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 17.40   | 25.50*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 31.00*  | 47.10*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |          | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   |         |          | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 21.50*  | 26.90*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    |         |          | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   |         |          | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |          | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         | 35.80*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |          | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |          | 25 |
| 26 LIMITED CONSULTATION          | 63.20*  | 89.50*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         |          | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         | 88.25*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         | 60.00    | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |          | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 15.20*  | 14.00*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         | 17.90*   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         | 23.00    | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 34.90*  | 35.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 14.00*  | 14.00*   | 35 |
| 36 SPIROMETRY                    |         | 45.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         | 79.50*   | 37 |
| 38 CHEMOTHERAPY                  |         | 50.00    | 38 |
| 39 COLLECTION OF SPECIMENS       |         |          | 39 |
| 40 DEBRIDEMENT OF NAILS          |         | 25.00    | 40 |
| 41 SKIN BIOPSY                   |         | 54.60*   | 41 |
| 42 CHEMOCAUTERY                  |         | 60.00    | 42 |
| 43 RADICAL MASTECTOMY            |         | 1800.00  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         | 1733.30* | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 40.00   | 44.75*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         | 5000.00  | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         | 2712.20* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         | 40.00    | 48 |
| 49 BRONCHOSCOPY                  |         | 314.00*  | 49 |
| 50 THORACENTESIS                 |         | 132.60*  | 50 |
| 51 CATHETERIZATION OF HEART      |         |          | 51 |
| 52 INSERTION OF PACEMAKER        |         | 1468.30* | 52 |
| 53 PARTIAL COLECTOMY             |         | 1740.60* | 53 |
| 54 APPENDECTOMY                  | 805.50* | 802.80*  | 54 |
| 55 SIGMOIDOSCOPY                 |         | 45.10*   | 55 |

1982 PREVAILING CHARGE SUMMARY DATA      GROUP HEALTH INCORPORATED  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEW YORK  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | SINGLE   | SINGLE   |     |
|----------------------------------|----------|----------|-----|
| 56 HEMORRHOIDECTOMY              |          | 665.90*  | 56  |
| 57 CHOLECYSTECTOMY               |          | 1109.30* | 57  |
| 58 REPAIR HERNIA                 |          | 716.00*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 80.60*   | 130.10*  | 59  |
| 60 DILATION OF URETHRA           |          | 44.75*   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |          | 1419.30* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 1342.50* | 1342.50* | 62  |
| 63 HYSTERECTOMY                  |          | 1320.80* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |          | 35.80*   | 64  |
| 65 COMPREHENSIVE EYE EXAM        |          | 28.60*   | 65  |
| 66 EYE EXAM WITH TONOMETRY       |          | 26.90*   | 66  |
| 67 EXTRACTION OF LENS            | 919.30*  | 1228.70* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 26.90*   | 35.00    | 68  |
| 69 CHEST X-RAY - TWO VIEWS       |          |          | 69  |
| 70 X-RAY SPINE                   |          | 70.00    | 70  |
| 71 X-RAY HIP                     |          | 54.10*   | 71  |
| 72 X-RAY UPPER GI TRACT          | 112.10*  | 120.00   | 72  |
| 73 X-RAY COLON                   |          | 108.70*  | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 30.25*   | 40.00    | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  | 44.75*   | 44.75*   | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |          |          | 76  |
| 77 CAT SCAN - HEAD               |          | 229.80*  | 77  |
| 78 CAT SCAN - ABOOMEN            |          | 259.40*  | 78  |
| 79 THREE CHEMISTRY TESTS         |          | 10.00    | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |          | 23.00    | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |          | 15.00    | 81  |
| 82 HEMOGLOBIN                    |          | 3.00     | 82  |
| 83 AUTOMATED BLOOD COUNT         |          |          | 83  |
| 84 WHITE CELL COUNT              |          | 3.00     | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |          | 7.00     | 85  |
| 86 CHOLESTEROL TEST              |          | 5.00     | 86  |
| 87 FLOCCULATION TEST             |          | 7.00     | 87  |
| 88 HEMATOCRIT                    |          | 3.00     | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |          | 7.00     | 89  |
| 90 POTASSIUM TEST - BLOOD        |          | 8.00     | 90  |
| 91 PROTHROMBIN TIME TEST         |          |          | 91  |
| 92 SEDIMENTATION RATE            |          | 5.00     | 92  |
| 93 BLOOD SUGAR                   |          | 5.00     | 93  |
| 94 BUN-UREA - NITROGEN           |          | 7.00     | 94  |
| 95 URIC ACID                     |          | 7.00     | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |          | 6.00     | 96  |
| 97 PAP TEST                      |          | 7.00     | 97  |
| 98 ROUTINE URINALYSIS            |          | 5.00     | 98  |
| 99 CHEMICAL URINALYSIS           |          |          | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |          | 25.00    | 100 |
| 101 ELEC MONITORING-PACEMAKER    |          | 10.00    | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |          | 1420.70* | 102 |
| 103 KIDNEY TRANSPLANT            |          | 2181.50* | 103 |
| 104 HOSPITAL BED - RENTAL        |          | 50.00    | 104 |
| 105 WALKER - RENTAL              |          | 13.25    | 105 |
| 106 WHEELCHAIR - RENTAL          |          | 28.50    | 106 |
| 107 LIQUID OXYGEN - RENTAL       |          | 120.00   | 107 |
| 108 HOSPITAL BED - PURCHASE      |          | 400.00   | 108 |
| 109 WALKER - PURCHASE            |          | 39.00    | 109 |
| 110 WHEELCHAIR - PURCHASE        |          | 251.00   | 110 |

| PROCEDURE DESCRIPTION            | I        | II      | III      | IV       |    |
|----------------------------------|----------|---------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     | 12.80*   | 17.90*  | 16.80*   | 13.20*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 25.00    | 23.60*  | 23.00    | 17.00    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  | 40.00    | 50.00   | 40.00    | 30.00    | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 75.00    | 60.00   | 55.00    | 43.00    | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  |          |         |          |          | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 12.80*   | 17.90*  | 16.80*   | 13.20*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 18.00    | 19.30*  | 19.00*   | 17.00    | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 23.30    | 20.00   | 20.00    | 19.90*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 27.00    | 25.00   | 25.00    | 22.00    | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 55.00    | 53.00   | 48.00*   | 40.00    | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 25.00    | 22.00   | 19.20*   | 17.90*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   | 30.00    | 30.00   | 27.20*   | 25.00    | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 44.90*   | 35.00   | 34.90    | 20.00    | 13 |
| 14 EXTENDED CARE FACILITY VISIT  | 12.80*   | 17.20*  | 16.30*   | 14.90*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 12.80*   | 14.30*  | 18.10*   | 15.00    | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 35.00    | 32.50   | 29.90*   | 32.90*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  | 60.00    | 48.70*  | 47.40*   | 44.75*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 75.80    | 77.10*  | 68.20*   | 60.00    | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 12.80*   | 14.30*  | 15.75*   | 13.10*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 18.00    | 25.00   | 19.70*   | 20.00    | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   |          |         |          |          | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   | 46.60    | 31.50   | 30.00    | 31.40    | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    | 12.00    | 15.00   | 16.30*   | 10.00*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  | 17.50    | 20.00   | 25.00    | 17.90*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT | 25.00    | 26.90*  | 29.00    | 30.00    | 25 |
| 26 LIMITED CONSULTATION          | 38.50*   | 37.20*  | 31.10*   | 28.30*   | 26 |
| 27 EXTENSIVE CONSULTATION        | 60.00    | 60.00   | 48.20*   | 44.75*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    | 76.00    | 80.00   | 71.60*   | 69.50*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        | 83.40*   | 58.90*  | 65.00    | 50.00    | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       | 43.00    | 35.00   | 26.90*   | 26.90*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 14.00    | 15.00   | 13.10*   | 13.00    | 31 |
| 32 INITIAL PHYSIOTHERAPY         | 12.80*   | 18.00   | 15.00*   | 12.00*   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    | 12.80*   | 17.90*  | 16.80*   | 13.20*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 34.00    | 30.00   | 30.00    | 30.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 19.25    | 30.00   | 22.00    | 20.00    | 35 |
| 36 SPIROMETRY                    | 35.00    | 32.40*  | 25.00    | 18.80*   | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    | 84.00    | 69.60*  | 66.20*   | 40.00    | 37 |
| 38 CHEMOTHERAPY                  | 29.20    | 10.50   | 28.50    | 25.00    | 38 |
| 39 COLLECTION OF SPECIMENS       | 3.00     | 4.00    | 3.00     | 3.00     | 39 |
| 40 DEBRIDEMENT OF NAILS          | 25.90*   | 22.00*  | 17.00    | 15.00    | 40 |
| 41 SKIN BIOPSY                   | 37.00*   | 32.40   | 40.00    | 40.00    | 41 |
| 42 CHEMOCAUTERY                  | 47.00    | 30.00   | 46.80    | 40.00    | 42 |
| 43 RADICAL MASTECTOMY            | 648.20*  | 686.50* | 821.60*  | 899.80*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    | 926.00*  | 1100.00 | 1038.20* | 966.60*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 27.80*   | 16.60*  | 25.40*   | 25.00    | 45 |
| 46 CORONARY ARTERY BYPASS        | 2520.00  | 2950.00 | 3225.75* | 2850.75* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  | 1389.00* | 1840.00 | 1957.50* | 1862.90* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      | 27.80*   | 30.00   | 24.90*   | 26.90*   | 48 |
| 49 BRONCHOSCOPY                  | 185.20*  | 161.10* | 184.70*  | 170.80*  | 49 |
| 50 THORACENTESIS                 | 46.30*   | 50.00   | 57.30*   | 44.75*   | 50 |
| 51 CATHETERIZATION OF HEART      | 507.00   | 588.00  | 507.00   | 507.00   | 51 |
| 52 INSERTION OF PACEMAKER        | 926.00*  | 1000.00 | 1000.00  | 1000.00  | 52 |
| 53 PARTIAL COLECTOMY             | 833.40*  | 966.80* | 989.30*  | 895.00*  | 53 |
| 54 APPENDECTOMY                  | 370.40*  | 375.90* | 475.00   | 400.00   | 54 |
| 55 SIGMOIDOSCOPY                 | 46.30*   | 30.00   | 41.70*   | 35.80*   | 55 |



## 1982 PREVAILING CHARGE SUMMARY DATA

B/S OF WESTERN NEW YORK

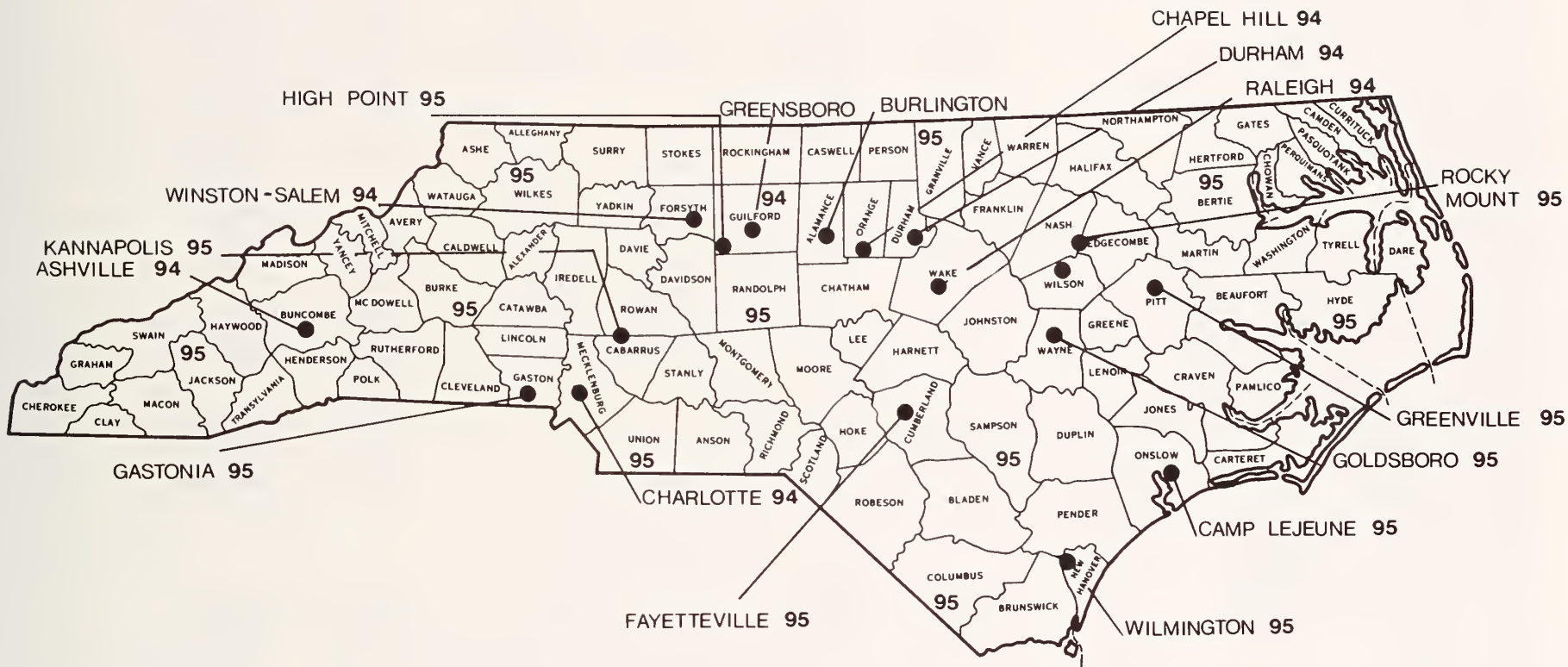
NEW YORK  
COMBINED LOCALITY DESIGNATION

| PROCEDURE DESCRIPTION            | I       | II      | III     | IV      |     |
|----------------------------------|---------|---------|---------|---------|-----|
| 56 HEMORRHOIDECTOMY              | 185.20* | 75.20*  | 190.00  | 190.00  | 56  |
| 57 CHOLECYSTECTOMY               | 555.60* | 590.70* | 720.00  | 644.40* | 57  |
| 58 REPAIR HERNIA                 | 324.10* | 354.40* | 438.40* | 397.90* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 74.10*  | 64.40*  | 53.70*  | 59.40*  | 59  |
| 60 DILATION OF URETHRA           | 27.80*  | 25.00   | 21.50*  | 26.90*  | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    | 740.80* | 805.70* | 895.00* | 859.20* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 740.80* | 805.70* | 859.20* | 859.20* | 62  |
| 63 HYSTERECTOMY                  | 740.80* | 698.30* | 861.50* | 785.50* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |         |         |         | 64  |
| 65 COMPREHENSIVE EYE EXAM        | 40.00   | 25.00   | 35.00   | 35.80*  | 65  |
| 66 EYE EXAM WITH TONOMETRY       | 35.00   | 16.60*  | 18.80*  | 12.00*  | 66  |
| 67 EXTRACTION OF LENS            | 740.80* | 897.00* | 859.20* | 805.50* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 20.80   | 26.70*  | 25.50   | 22.40*  | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 32.50*  | 38.00   | 35.00   | 33.30*  | 69  |
| 70 X-RAY SPINE                   | 54.10*  | 65.00   | 66.00   | 60.00   | 70  |
| 71 X-RAY HIP                     | 36.80*  | 51.00   | 40.80   | 35.00   | 71  |
| 72 X-RAY UPPER GI TRACT          | 75.70*  | 89.70*  | 78.00*  | 82.00   | 72  |
| 73 X-RAY COLON                   | 64.90*  | 89.70*  | 66.80*  | 70.00   | 73  |
| 74 RAOIATION THERAPY-LOW VOLT    | 20.80   | 22.00   | 18.00   | 22.00   | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  | 28.10*  | 37.00   | 37.00   | 37.00   | 75  |
| 76 RAOIATION THERAPY-MEGAVOLT    | 35.70*  | 55.00   | 55.00   | 55.00   | 76  |
| 77 CAT SCAN - HEAD               | 185.00* | 262.60* | 325.00  | 318.60* | 77  |
| 78 CAT SCAN - ABOOMEN            | 208.80* | 350.30* | 344.20* | 351.00  | 78  |
| 79 THREE CHEMISTRY TESTS         | 8.80*   | 19.00   | 24.50   | 24.00   | 79  |
| 80 NINETEEN CHEMISTRY TESTS      | 17.60*  | 14.50   | 19.00   | 25.00   | 80  |
| 81 CULTURE - OTHER THAN BLOOD    | 4.40*   | 17.00   | 15.00   | 15.00   | 81  |
| 82 HEMOGLOBIN                    | 2.00    | 2.00    | 2.00    | 2.00    | 82  |
| 83 AUTOMATED BLOOD COUNT         | 10.00L  | 8.00L   | 8.00L   | 7.70L   | 83  |
| 84 WHITE CELL COUNT              | 4.00L   | 3.00L   | 2.50L   | 4.00L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    | 5.00    | 5.00    | 5.00    | 5.00    | 85  |
| 86 CHOLESTEROL TEST              | 7.00L   | 5.00L   | 5.00L   | 6.00L   | 86  |
| 87 FLOCCULATION TEST             |         |         |         |         | 87  |
| 88 HEMATOCRIT                    | 2.20*   | 3.00    | 3.00    | 3.00    | 88  |
| 89 PLATELET COUNT (REES-ECKER)   | 5.30    | 6.50    | 8.00    | 7.00    | 89  |
| 90 POTASSIUM TEST - BLOOD        | 6.60*   | 6.00    | 7.00    | 9.00    | 90  |
| 91 PROTHROMBIN TIME TEST         | 4.50L   | 5.00L   | 5.00L   | 3.90L   | 91  |
| 92 SEDIMENTATION RATE            | 4.20L   | 3.70L   | 5.00L   | 4.00L   | 92  |
| 93 BLOOD SUGAR                   | 6.00L   | 4.50L   | 5.00L   | 5.00L   | 93  |
| 94 BUN-UREA - NITROGEN           | 6.40L   | 5.00L   | 6.00L   | 6.00L   | 94  |
| 95 URIC ACID                     | 6.60*   | 5.00L   | 6.00L   | 6.00L   | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  | 4.00    | 3.00    | 3.50    | 4.00    | 96  |
| 97 PAP TEST                      | 8.00L   | 6.00L   | 6.00L   | 5.00L   | 97  |
| 98 ROUTINE URINALYSIS            | 5.00L   | 3.50L   | 4.00L   | 3.00L   | 98  |
| 99 CHEMICAL URINALYSIS           | 2.90*   | 3.00    | 4.50    | 2.00    | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  | 40.00   | 20.20   | 38.00   | 40.00   | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |         |         |         | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |         |         |         | 102 |
| 103 KIDNEY TRANSPLANT            |         |         |         |         | 103 |
| 104 HOSPITAL BED - RENTAL        | 50.00   | 42.00   | 40.00   | 55.00   | 104 |
| 105 WALKER - RENTAL              | 10.00   | 13.40   | 10.00   | 12.50   | 105 |
| 106 WHEELCHAIR - RENTAL          | 24.50L  | 25.00   | 24.00L  | 20.00L  | 106 |
| 107 LIQUID OXYGEN - RENTAL       | 35.00   | 35.00   | 35.00   | 35.00   | 107 |
| 108 HOSPITAL BED - PURCHASE      | 275.00  | 275.00  | 275.00  | 275.00  | 108 |
| 109 WALKER - PURCHASE            | 35.00   | 43.00   | 32.00   | 38.20   | 109 |
| 110 WHEELCHAIR - PURCHASE        | 214.00L | 175.00L | 187.00L | 154.00L | 110 |

NORTH CAROLINA



## NORTH CAROLINA



Two Localities:

Area 94 - Charlotte, Durhan, Greensboro, Winston-Salem, Raleigh, Asheville, Chapel Hill. (Locality determined by the city cited in the return address.)

Area 95 - All other cities not listed above and all rural areas.

1982 PREVAILING CHARGE SUMMARY DATA PRUDENTIAL INSURANCE COMPANY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NORTH CAROLINA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 94      | 95      | 94       | 95       |    |
|----------------------------------|---------|---------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |         | 25.00    | 20.00    | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 40.00   | 35.00   | 53.70*   | 44.80*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |          |          | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 65.00   | 50.00   | 78.00    | 60.00    | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 5.40*   | 6.00    | 8.00     | 5.40*    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 12.50*  | 10.70*  | 14.30*   | 12.50*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 20.00   | 17.90*  | 23.00    | 17.90*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 26.90*  | 16.10*  | 26.90*   | 21.50*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 24.00   | 18.00   | 44.80*   | 30.00    | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 35.00   | 35.00   | 45.00    | 46.00    | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 21.50*  | 17.90*  | 21.50*   | 17.90*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |         | 37.00    | 25.00    | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   |         |         |          |          | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |          |          | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 12.50*  | 10.70*  | 14.30*   | 12.50*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 26.90*  | 26.90*  | 35.80*   | 35.80*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         | 62.70*   | 60.00    | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 85.00   | 53.70*  | 98.00    | 64.40*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT |         |         |          |          | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 25.00   | 17.90*  | 35.80*   | 26.90*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 13.40*  | 12.50*  | 17.90*   | 16.10*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         | 35.80*   | 32.00    | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |         | 26.90*   | 17.90*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         |          |          | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |         | 53.70*   | 62.70    | 25 |
| 26 LIMITED CONSULTATION          | 26.90*  | 26.90*  | 26.90*   | 26.90*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         |         | 62.70*   | 53.70*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |         | 85.00    | 75.00    | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |         |          |          | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |         |          |          | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |         |         |          |          | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |         |          |          | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |         |          |          | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 23.00   | 25.00   | 24.00    | 25.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 13.40*P | 12.00 P | 13.40*P  | 12.50*P  | 35 |
| 36 SPIROMETRY                    |         |         | 25.00    | 25.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |         |          |          | 37 |
| 38 CHEMOTHERAPY                  |         |         |          |          | 38 |
| 39 COLLECTION OF SPECIMENS       |         |         | 3.00     | 3.00     | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |         | 12.50*   | 12.50*   | 40 |
| 41 SKIN BIOPSY                   |         |         | 44.80*   | 38.00    | 41 |
| 42 CHEMOCAUTERY                  |         |         | 17.90*   | 17.90*   | 42 |
| 43 RADICAL MASTECTOMY            |         |         | 860.00   | 751.80*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |         | 984.50   | 859.20*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 22.50   | 19.70*  | 16.00    | 25.00    | 45 |
| 46 CORONARY ARTERY BYPASS        |         |         | 3396.70* | 3400.70* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         | 2340.00  | 1900.00  | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |         | 17.90*   | 17.90*   | 48 |
| 49 BRONCHOSCOPY                  |         |         | 214.80*  | 161.10*  | 49 |
| 50 THORACENTESIS                 |         |         | 44.80*   | 38.10*   | 50 |
| 51 CATHETERIZATION OF HEART      |         |         | 447.50*  | 447.50*  | 51 |
| 52 INSERTION OF PACEMAKER        |         |         | 1100.00  | 1074.00* | 52 |
| 53 PARTIAL COLECTOMY             |         |         | 1074.00* | 859.20*  | 53 |
| 54 APPENDECTOMY                  | 447.50* | 447.50* | 465.40   | 447.50*  | 54 |
| 55 SIGMOIDOSCOPY                 |         |         | 40.00    | 35.80*   | 55 |

1982 PREVAILING CHARGE SUMMARY DATA PRUDENTIAL INSURANCE COMPANY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NORTH CAROLINA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 94      | 95      | 94      | 95      |     |
|----------------------------------|---------|---------|---------|---------|-----|
| 56 HEMDRRHOIDECTOMY              |         |         | 425.00  | 322.20* | 56  |
| 57 CHOLECYSTECTOMY               |         |         | 716.00* | 644.40* | 57  |
| 58 REPAIR HERNIA                 |         |         | 447.50* | 375.90* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 44.80   | 44.80   |         |         | 59  |
| 60 DILATION OF URETHRA           |         |         |         |         | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         |         |         |         | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 907.00  | 907.00  |         |         | 62  |
| 63 HYSTERECTOMY                  |         |         | 850.30* | 751.80* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |         |         |         | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |         |         |         | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |         |         |         | 66  |
| 67 EXTRACTION OF LENS            | 805.50* | 805.50* |         |         | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 18.00   | 17.90*  |         |         | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 25.00   | 26.90*  |         |         | 69  |
| 70 X-RAY SPINE                   |         |         |         |         | 70  |
| 71 X-RAY HIP                     |         |         |         |         | 71  |
| 72 X-RAY UPPER GI TRACT          | 53.70*  | 62.70*  |         |         | 72  |
| 73 X-RAY COLON                   |         |         |         |         | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 24.00   | 22.70   |         |         | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  | 26.90*  | 26.90*  |         |         | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         |         |         |         | 76  |
| 77 CAT SCAN - HEAD               |         |         |         |         | 77  |
| 78 CAT SCAN - ABDOMEN            |         |         |         |         | 78  |
| 79 THREE CHEMISTRY TESTS         |         |         | 10.50   | 10.50   | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |         | 21.00   | 21.00   | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         |         | 14.00   | 14.00   | 81  |
| 82 HEMOGLOBIN                    |         |         | 2.50L   | 2.50L   | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |         |         |         | 83  |
| 84 WHITE CELL COUNT              |         |         | 3.00L   | 3.00L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |         | 7.00L   | 7.00L   | 85  |
| 86 CHOLESTEROL TEST              |         |         | 6.00L   | 6.00L   | 86  |
| 87 FLOCCULATION TEST             |         |         | 7.00    | 7.00    | 87  |
| 88 HEMATOCRIT                    |         |         | 3.00    | 3.00    | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |         | 7.00    | 7.00    | 89  |
| 90 POTASSIUM TEST - BLOOD        |         |         | 8.00    | 8.00    | 90  |
| 91 PRDTHROMBIN TIME TEST         |         |         | 5.00L   | 5.00L   | 91  |
| 92 SEDIMENTATION RATE            |         |         | 4.50L   | 4.50L   | 92  |
| 93 BLOOD SUGAR                   |         |         | 5.00L   | 5.00L   | 93  |
| 94 BUN-UREA - NITROGEN           |         |         | 5.00L   | 5.00L   | 94  |
| 95 URIC ACID                     |         |         | 6.00L   | 6.00L   | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |         |         | 3.50    | 3.50    | 96  |
| 97 PAP TEST                      |         |         | 6.00L   | 6.00L   | 97  |
| 98 ROUTINE URINALYSIS            |         |         | 3.00L   | 3.00L   | 98  |
| 99 CHEMICAL URINALYSIS           |         |         | 3.50    | 3.50    | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |         |         |         | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |         | 12.20*  | 10.40*  | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |         |         |         | 102 |
| 103 KIDNEY TRANSPLANT            |         |         |         |         | 103 |
| 104 HOSPITAL BED - RENTAL        |         |         |         |         | 104 |
| 105 WALKER - RENTAL              |         |         |         |         | 105 |
| 106 WHEELCHAIR - RENTAL          |         |         |         |         | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         |         |         |         | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |         |         |         | 108 |
| 109 WALKER - PURCHASE            |         |         |         |         | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |         |         |         | 110 |

NORTH DAKOTA

# NORTH DAKOTA



One Locality - Statewide



| PROCEDURE DESCRIPTION            | 820      |    |
|----------------------------------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     | 18.00    | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 33.00    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |          | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 55.00    | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 8.90*    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 10.70*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 16.20*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 18.00*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 32.20*   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 44.70*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 18.90    | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   | 23.00    | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   |          | 13 |
| 14 EXTENDED CARE FACILITY VISIT  | 10.70*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 10.70*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 43.00*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  | 58.20    | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 85.90*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 10.70*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 21.50*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   |          | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   | 43.00*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    | 18.90*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  | 30.60*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |          | 25 |
| 26 LIMITED CONSULTATION          | 32.20*   | 26 |
| 27 EXTENSIVE CONSULTATION        | 58.20*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    | 80.00    | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        | 81.00*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       | 42.00*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 13.50*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         | 10.70*   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |          | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 32.00*   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 15.70*   | 35 |
| 36 SPIROMETRY                    | 18.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    | 71.80*   | 37 |
| 38 CHEMOTHERAPY                  | 16.20*   | 38 |
| 39 COLLECTION OF SPECIMENS       | 3.00     | 39 |
| 40 OEBRIOEMENT OF NAILS          | 18.00    | 40 |
| 41 SKIN BIOPSY                   | 32.20*   | 41 |
| 42 CHEMOCAUTERY                  | 21.50*   | 42 |
| 43 RADICAL MASTECTOMY            | 751.70*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    | 859.10*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 23.30*   | 45 |
| 46 CORONARY ARTERY BYPASS        | 2708.40* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  | 1610.70* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      | 21.50*   | 48 |
| 49 BRONCHOSCOPY                  | 179.00*  | 49 |
| 50 THORACENTESIS                 | 32.20*   | 50 |
| 51 CATHETERIZATION OF HEART      | 381.00*  | 51 |
| 52 INSERTION OF PACEMAKER        | 956.20*  | 52 |
| 53 PARTIAL COLECTOMY             | 859.10*  | 53 |
| 54 APPENDECTOMY                  | 429.40*  | 54 |
| 55 SIGMOIDOSCOPY                 | 32.20*   | 55 |

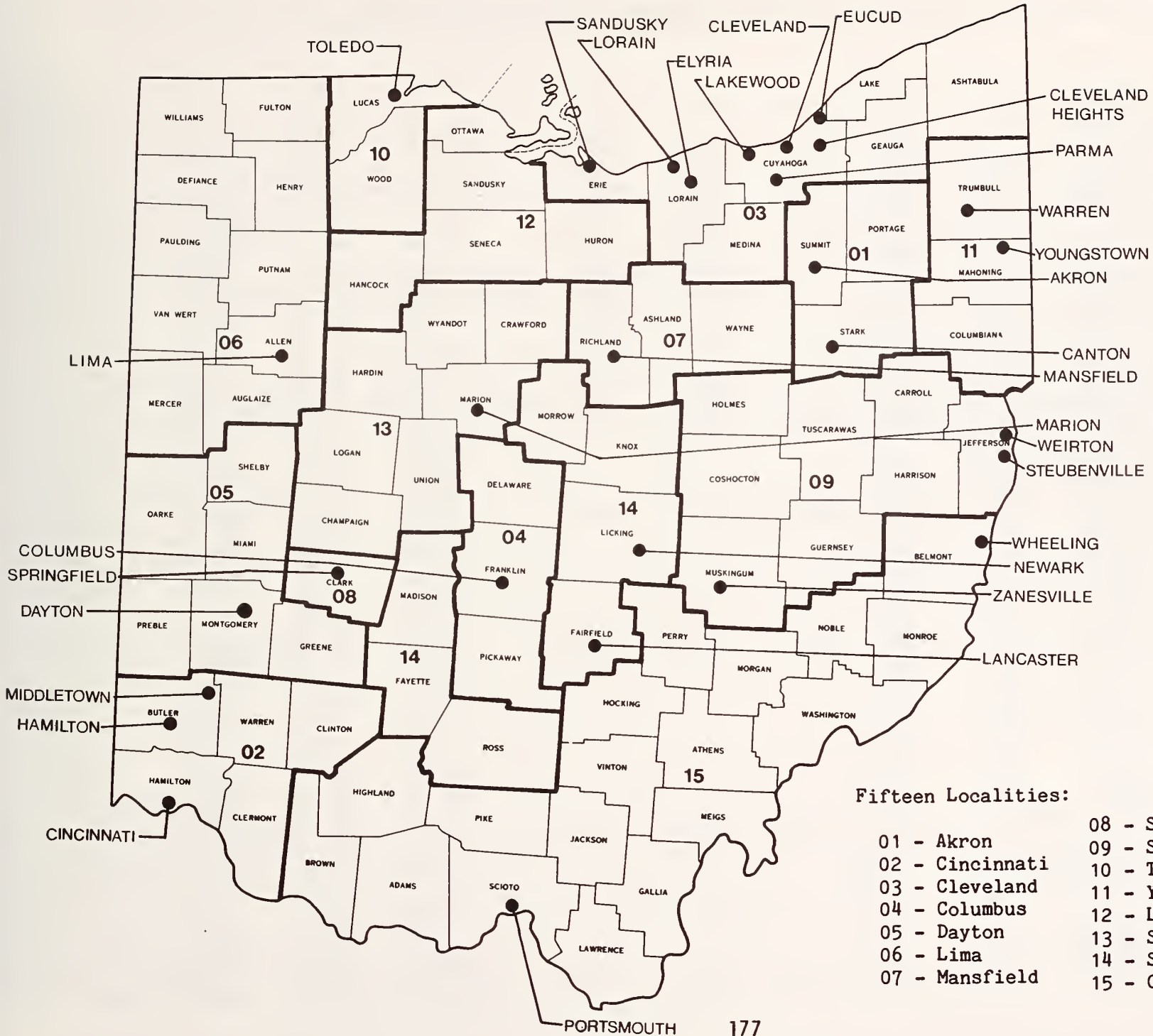
## PROCEDURE DESCRIPTION

820

|                                  |         |     |
|----------------------------------|---------|-----|
| 56 HEMORRHOIDECTOMY              | 322.30* | 56  |
| 57 CHOLECYSTECTOMY               | 644.40* | 57  |
| 58 REPAIR HERNIA                 | 393.70* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 53.70*  | 59  |
| 60 DILATION OF URETHRA           | 32.20*  | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    | 859.10* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 859.10* | 62  |
| 63 HYSTERECTOMY                  | 751.70* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     | 22.30*  | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         | 66  |
| 67 EXTRACTION OF LENS            | 805.40* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 19.75*  | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 32.20*  | 69  |
| 70 X-RAY SPINE                   | 29.60*  | 70  |
| 71 X-RAY HIP                     | 35.70*  | 71  |
| 72 X-RAY UPPER GI TRACT          | 70.00*  | 72  |
| 73 X-RAY COLON                   | 57.20*  | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 28.70*  | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  | 15.80   | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         | 76  |
| 77 CAT SCAN - HEAD               | 241.50  | 77  |
| 78 CAT SCAN - ABDOMEN            | 50.00   | 78  |
| 79 THREE CHEMISTRY TESTS         | 30.75   | 79  |
| 80 NINETEEN CHEMISTRY TESTS      | 26.50   | 80  |
| 81 CULTURE - OTHER THAN BLOOD    | 12.75   | 81  |
| 82 HEMOGLOBIN                    | 4.00L   | 82  |
| 83 AUTOMATED BLOOD COUNT         | 15.00   | 83  |
| 84 WHITE CELL COUNT              | 4.50L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    | 12.00L  | 85  |
| 86 CHOLESTEROL TEST              | 7.00L   | 86  |
| 87 FLOCCULATION TEST             | 6.00    | 87  |
| 88 HEMATOCRIT                    | 4.00L   | 88  |
| 89 PLATELET COUNT (REES-ECKER)   | 7.20    | 89  |
| 90 POTASSIUM TEST - BLOOD        | 11.00   | 90  |
| 91 PROTHROMBIN TIME TEST         | 6.00L   | 91  |
| 92 SEDIMENTATION RATE            | 5.00L   | 92  |
| 93 BLOOD SUGAR                   | 7.00L   | 93  |
| 94 BUN-UREA - NITROGEN           | 8.00L   | 94  |
| 95 URIC ACID                     | 7.50L   | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  | 5.00    | 96  |
| 97 PAP TEST                      | 5.00L   | 97  |
| 98 ROUTINE URINALYSIS            | 5.00L   | 98  |
| 99 CHEMICAL URINALYSIS           | 3.70    | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         | 100 |
| 101 ELEC MONITORING-PACEMAKER    | 11.10*  | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         | 102 |
| 103 KIDNEY TRANSPLANT            |         | 103 |
| 104 HOSPITAL BED - RENTAL        | 33.50   | 104 |
| 105 WALKER - RENTAL              | 5.00    | 105 |
| 106 WHEELCHAIR - RENTAL          | 20.00   | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         | 107 |
| 108 HOSPITAL BED - PURCHASE      | 239.60L | 108 |
| 109 WALKER - PURCHASE            | 43.30   | 109 |
| 110 WHEELCHAIR - PURCHASE        | 250.00L | 110 |

OHIO

# OHIO



Fifteen Localities:

- 01 - Akron  
02 - Cincinnati  
03 - Cleveland  
04 - Columbus  
05 - Dayton  
06 - Lima  
07 - Mansfield

- 08 - Springfield
- 09 - Steubenville
- 10 - Toledo
- 11 - Youngstown
- 12 - Lake Plains
- 13 - Sandusky Valley
- 14 - Scioto Valley
- 15 - Ohio Valley



1982 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OHIO  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 01      | 02      | 03      | 04      | 01       | 02       | 03      | 04       |    |
|----------------------------------|---------|---------|---------|---------|----------|----------|---------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |         |         |         | 17.90*   | 16.10*   | 17.90*  | 17.90*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 14.30*  | 12.50*  | 12.50*  | 12.50*  | 17.90*   | 16.10*   | 17.90*  | 17.90*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |         |         | 26.90*   | 26.90*   | 17.90*  | 26.90*   | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 60.00   | 45.00   | 53.70*  | 40.00   | 62.70*   | 62.70*   | 60.00   | 60.00    | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 5.00    | 5.40*   | 5.00    | 5.00    | 6.00     | 7.20*    | 7.20*   | 5.00     | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 14.30*  | 12.50*  | 12.50*  | 12.50*  | 17.90*   | 16.10*   | 17.90*  | 17.90*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 14.30*  | 12.50*  | 12.50*  | 12.50*  | 17.90*   | 16.10*   | 17.90*  | 17.90*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 14.30*  | 12.50*  | 12.50*  | 12.50*  | 17.90*   | 16.10*   | 17.90*  | 17.90*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 21.00   | 20.00   | 15.60*  | 17.90*  | 26.90*   | 26.90*   | 17.90*  | 26.90*   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 60.00   | 45.00   | 53.70*  | 40.00   | 62.70*   | 62.70*   | 60.00   | 60.00    | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 21.50*  | 17.90*  | 21.50*  | 21.50*  | 21.50*   | 25.00    | 17.90*  | 21.50*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |         |         |         | 21.50*   | 25.00    | 17.90*  | 21.50*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 21.50*  | 17.90*  | 21.50*  | 21.50*  | 21.50*   | 25.00    | 17.90*  | 21.50*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |         |         | 17.90*   | 17.90*   | 17.90*  | 17.90*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 14.30   | 12.50   | 12.50*  | 12.50*  | 17.90*   | 16.10*   | 17.90*  | 17.90*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 26.90*  | 26.90*  | 35.80*  | 35.00   | 44.75*   | 44.75*   | 44.75*  | 44.75*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         |         |         | 53.70*   | 62.70*   | 53.70*  | 53.70*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 44.75*  | 44.75*  | 44.75*  | 44.75*  | 53.70*   | 62.70*   | 53.70*  | 53.70*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 16.10*  | 14.30*  | 14.30*  | 16.10*  | 17.90*   | 17.90*   | 17.90*  | 17.90*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 16.10*  | 14.30*  | 14.30*  | 16.10*  | 17.90*   | 17.90*   | 17.90*  | 17.90*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 26.90*  | 26.90*  | 35.80*  | 35.00   | 44.75*   | 44.75*   | 44.75*  | 44.75*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         |         |         | 44.75*   | 44.75*   | 44.75*  | 44.75*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |         |         |         | 35.80*   | 26.90*   | 26.90*  | 21.50*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         |         |         | 35.80*   | 26.90*   | 26.90*  | 21.50*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |         |         |         | 35.80*   | 26.90*   | 26.90*  | 21.50*   | 25 |
| 26 LIMITED CONSULTATION          | 60.00   | 55.00   | 60.00   | 60.00   | 62.70*   | 62.70*   | 62.70*  | 62.70*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         |         |         |         | 62.70*   | 62.70*   | 62.70*  | 62.70*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |         |         |         | 68.00*   | 68.00*   | 68.00*  | 68.00*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |         |         |         | 35.80*   | 35.80*   | 48.90*  | 43.50*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |         |         |         | 35.00    | 35.00    | 35.00   | 40.00    | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 16.10*  | 15.00   | 16.00   | 15.00   | 12.50*   | 12.50*   | 12.50*  | 12.50*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |         |         |         | 13.40*   | 14.30*   | 17.90*  | 18.00    | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |         |         |         | 14.30*   | 14.30*   | 17.90*  | 14.30*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 26.90*  | 24.00   | 26.90*  | 26.90*  | 25.00    | 25.00    | 26.90*  | 25.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 12.50*  | 10.70*  | 15.00   | 14.30*  | 10.70*   | 10.00*   | 12.00   | 10.00*   | 35 |
| 36 SPIROMETRY                    |         |         |         |         | 40.00    | 35.00    | 35.00   | 45.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |         |         |         | 71.60*   | 71.60*   | 71.60*  | 71.60*   | 37 |
| 38 CHEMOTHERAPY                  |         |         |         |         | 21.30*   | 17.90*   | 26.80*  | 26.80*   | 38 |
| 39 COLLECTION OF SPECIMENS       |         |         |         |         | 3.00     | 3.00     | 3.00    | 3.00     | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |         |         |         | 17.90*   | 17.90*   | 17.90*  | 17.90*   | 40 |
| 41 SKIN BIOPSY                   |         |         |         |         | 40.00    | 40.00    | 62.70*  | 26.90*   | 41 |
| 42 CHEMOCAUTERY                  |         |         |         |         | 29.90*   | 29.90*   | 25.00   | 29.90*   | 42 |
| 43 RADICAL MASTECTOMY            |         |         |         |         | 900.00   | 900.00   | 950.00  | 864.60*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |         |         |         | 859.20*  | 895.00*  | 895.00* | 805.50*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 26.90*  | 26.90*  | 26.90*  | 26.90*  | 26.90*   | 26.90*   | 26.90*  | 26.90*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         |         |         |         | 3823.40* | 2750.00  | 3850.00 | 4050.00* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         |         |         | 2633.50  | 2400.00  | 2575.00 | 3098.50* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |         |         |         | 20.40*   | 17.90*   | 17.90*  | 17.90*   | 48 |
| 49 BRONCHOSCOPY                  |         |         |         |         | 225.00   | 179.00*  | 223.75* | 196.90*  | 49 |
| 50 THORACENTESIS                 |         |         |         |         | 35.80*   | 35.80*   | 51.10*  | 35.80*   | 50 |
| 51 CATHETERIZATION OF HEART      |         |         |         |         | 537.00*  | 537.00*  | 537.00* | 537.00*  | 51 |
| 52 INSERTION OF PACEMAKER        |         |         |         |         | 895.00*  | 950.00   | 895.00* | 950.00   | 52 |
| 53 PARTIAL COLECTOMY             |         |         |         |         | 895.00*  | 1074.00* | 984.50* | 1074.00* | 53 |
| 54 APPENDECTOMY                  | 447.50* | 447.50* | 447.50* | 447.50* | 447.50*  | 447.50*  | 447.50* | 447.50*  | 54 |
| 55 SIGMOIDOSCOPY                 |         |         |         |         | 44.75*   | 44.75*   | 44.75*  | 35.80*   | 55 |



1982 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OHIO  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 01      | 02      | 03      | 04      | 01       | 02       | 03       | 04       |     |
|----------------------------------|---------|---------|---------|---------|----------|----------|----------|----------|-----|
| 56 HEMORRHOIDECTOMY              |         |         |         |         | 447.50*  | 447.50*  | 475.00   | 447.50*  | 56  |
| 57 CHOLECYSTECTOMY               |         |         |         |         | 716.00*  | 716.00*  | 715.00   | 716.00*  | 57  |
| 58 REPAIR HERNIA                 |         |         |         |         | 447.50*  | 447.50*  | 447.50*  | 402.75*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 65.00   | 65.00   | 65.00   | 65.00   | 62.70*   | 62.70*   | 75.00    | 62.70*   | 59  |
| 60 DILATION OF URETHRA           |         |         |         |         | 17.90*   | 17.90*   | 26.90*   | 26.00    | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         |         |         |         | 805.50*  | 895.00*  | 895.00*  | 950.00   | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 805.50  | 805.50  | 805.50  | 805.50  | 805.50*  | 805.50*  | 805.50*  | 805.50*  | 62  |
| 63 HYSTERECTOMY                  |         |         |         |         | 805.50*  | 805.50*  | 805.50*  | 805.50*  | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |         |         |         | 28.00    | 28.00    | 29.60    | 28.00    | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |         |         |         | 28.00    | 28.00    | 29.60    | 28.00    | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |         |         |         | 17.90*   | 26.90*   | 26.90*   | 20.00    | 66  |
| 67 EXTRACTION OF LENS            | 716.00* | 895.00* | 895.00* | 760.75* | 716.00*  | 895.00*  | 895.00*  | 760.75*  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 17.90*  | 21.50*  | 17.90*  | 17.90*  | 18.00*   | 20.00    | 15.00*   | 21.50*   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 26.90*  | 26.90*  | 26.90*  | 26.90*  | 28.60*   | 30.00    | 32.20*   | 26.90*   | 69  |
| 70 X-RAY SPINE                   |         |         |         |         | 25.00*   | 30.00    | 35.80*   | 35.80*   | 70  |
| 71 X-RAY HIP                     |         |         |         |         | 32.20*   | 25.00    | 35.00    | 26.90*   | 71  |
| 72 X-RAY UPPER GI TRACT          | 44.75*  | 45.00*  | 44.75*  | 44.75*  | 62.70*   | 53.70*   | 53.70*   | 62.70*   | 72  |
| 73 X-RAY COLON                   |         |         |         |         | 35.00*   | 53.70*   | 62.70*   | 53.70*   | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 22.40*  | 28.30   | 22.40*  | 26.25   | 22.40*   | 33.70    | 22.40*   | 26.90*   | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  | 44.75*  | 33.00   | 29.70*  | 26.90*  | 44.75*   | 33.00    | 29.70*   | 26.90*   | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         |         |         |         | 38.00    | 38.00    | 34.00*   | 38.00    | 76  |
| 77 CAT SCAN - HEAD               |         |         |         |         | 200.50*  | 295.00   | 295.00   | 295.00   | 77  |
| 78 CAT SCAN - ABDOMEN            |         |         |         |         | 250.40   | 360.00   | 358.50   | 360.00   | 78  |
| 79 THREE CHEMISTRY TESTS         |         |         |         |         | 1.50     | 1.40     | 1.40     | 1.60     | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |         |         |         | 1.50     | 1.40     | 1.40     | 1.60     | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         |         |         |         | 10.00    | 15.00    | 22.50    | 15.00    | 81  |
| 82 HEMOGLOBIN                    |         |         |         |         | 3.00L    | 3.00L    | 3.00L    | 3.00     | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |         |         |         |          |          |          |          | 83  |
| 84 WHITE CELL COUNT              |         |         |         |         | 3.00L    | 3.00L    | 3.00L    | 3.00     | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |         |         |         | 8.00L    | 8.00L    | 8.00L    | 8.00L    | 85  |
| 86 CHOLESTEROL TEST              |         |         |         |         | 6.00L    | 6.00L    | 6.00L    | 6.00L    | 86  |
| 87 FLOCCULATION TEST             |         |         |         |         | 7.50     | 10.00    | 6.50     | 5.50     | 87  |
| 88 HEMATOCRIT                    |         |         |         |         | 3.00L    | 3.00L    | 3.00L    | 3.00     | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |         |         |         | 6.00     | 9.00     | 7.50     | 6.80     | 89  |
| 90 POTASSIUM TEST - BLOOD        |         |         |         |         | 8.50     | 9.75     | 8.00     | 8.00     | 90  |
| 91 PROTHROMBIN TIME TEST         |         |         |         |         | 5.50L    | 5.50L    | 5.50L    | 5.50L    | 91  |
| 92 SEDIMENTATION RATE            |         |         |         |         | 5.00L    | 5.00L    | 5.00L    | 5.00L    | 92  |
| 93 BLOOD SUGAR                   |         |         |         |         | 5.00L    | 5.00L    | 5.00L    | 5.00L    | 93  |
| 94 BUN-UREA - NITROGEN           |         |         |         |         | 5.00L    | 5.00L    | 5.00L    | 5.00L    | 94  |
| 95 URIC ACID                     |         |         |         |         | 6.00L    | 6.00L    | 6.00L    | 6.00L    | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |         |         |         |         | 4.00     | 4.00     | 5.00     | 4.00     | 96  |
| 97 PAP TEST                      |         |         |         |         | 7.00L    | 7.00L    | 7.00L    | 7.00L    | 97  |
| 98 ROUTINE URINALYSIS            |         |         |         |         | 3.00L    | 3.00L    | 3.00L    | 3.00L    | 98  |
| 99 CHEMICAL URINALYSIS           |         |         |         |         | 3.00     | 3.00     | 4.00     | 3.00     | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |         |         |         | 25.00    | 15.00    | 22.50    | 20.00    | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |         |         |         |          |          |          |          | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |         |         |         | 1200.00  | 1200.00  | 1200.00  | 1200.00  | 102 |
| 103 KIDNEY TRANSPLANT            |         |         |         |         | 1929.60* | 2280.50* | 2527.50* | 2280.50* | 103 |
| 104 HOSPITAL BED - RENTAL        |         |         |         |         | 39.00    | 60.00    | 45.00L   | 40.00    | 104 |
| 105 WALKER - RENTAL              |         |         |         |         | 8.58     | 10.00    | 10.00    | 8.35     | 105 |
| 106 WHEELCHAIR - RENTAL          |         |         |         |         | 20.00L   | 20.00L   | 20.00L   | 20.00    | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         |         |         |         | 70.00    | 70.00    | 58.02    | 70.00    | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |         |         |         | 421.98L  | 421.98L  | 421.98L  | 421.98L  | 108 |
| 109 WALKER - PURCHASE            |         |         |         |         | 44.88    | 45.00    | 51.00    | 48.14    | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |         |         |         | 225.00L  | 225.00L  | 225.00L  | 225.00L  | 110 |

1982 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OHIO  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 05      | 06      | 07      | 08      | 05      | 06       | 07       | 08       |    |
|----------------------------------|---------|---------|---------|---------|---------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |         |         |         | 17.90*  | 12.50*   | 12.50*   | 14.30*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 12.50*  | 10.70*  | 10.70*  | 10.70*  | 17.90*  | 12.50*   | 12.50*   | 14.30*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |         |         | 22.00   | 20.00*   | 20.00    | 17.90*   | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 50.00   | 30.00   | 30.00   | 25.00   | 65.00   | 53.70*   | 53.70*   | 71.60*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 6.00    | 4.00    | 5.40*   | 5.40*   | 4.00    | 7.00     | 4.50     | 7.00     | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 12.50*  | 10.70*  | 10.70*  | 10.70*  | 17.90*  | 12.50*   | 12.50*   | 14.30*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 12.50*  | 10.70*  | 10.70*  | 10.70*  | 17.90*  | 12.50*   | 12.50*   | 14.30*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 12.50*  | 10.70*  | 10.70*  | 10.70*  | 17.90*  | 12.50*   | 12.50*   | 14.30*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 17.90*  | 17.90*  | 14.00   | 20.00   | 22.00   | 20.00*   | 20.00    | 17.90*   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 50.00   | 30.00   | 30.00   | 25.00   | 65.00   | 53.70*   | 53.70*   | 71.60*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 17.90*  | 16.00   | 15.00   | 20.00   | 25.00   | 26.90*   | 21.50*   | 25.00    | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |         |         |         | 25.00   | 26.90*   | 21.50*   | 25.00    | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 17.90*  | 16.00   | 15.00   | 20.00   | 25.00   | 26.90*   | 21.50*   | 25.00    | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |         |         | 20.00   | 15.00*   | 14.30*   | 14.30*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 12.50   | 10.70   | 10.70   | 10.70   | 17.90*  | 12.50*   | 12.50*   | 14.30*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 35.80*  | 28.60*  | 26.90*  | 35.00   | 53.70*  | 53.70*   | 44.75*   | 35.80*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         |         |         | 75.00   | 53.70*   | 53.70*   | 55.00    | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 44.75*  | 40.00   | 44.75*  | 40.00   | 75.00   | 53.70*   | 53.70*   | 55.00    | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 17.90*  | 10.70*  | 12.50*  | 12.50*  | 21.50*  | 14.30*   | 14.30*   | 14.30*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 17.90*  | 10.70*  | 12.50*  | 12.50*  | 21.50*  | 14.30*   | 14.30*   | 14.30*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 35.80*  | 28.60*  | 26.90*  | 35.00   | 53.70*  | 53.70*   | 44.75*   | 35.80*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         |         |         | 53.70*  | 53.70*   | 44.75*   | 35.80*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |         |         |         | 21.50*  | 26.90*   | 25.10*   | 19.70*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         |         |         | 21.50*  | 26.90*   | 25.10*   | 19.70*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |         |         |         | 21.50*  | 26.90*   | 25.10*   | 19.70*   | 25 |
| 26 LIMITED CONSULTATION          | 35.80*  | 62.70*  | 50.00   | 26.90*  | 80.00   | 62.70*   | 53.70*   | 50.00    | 26 |
| 27 EXTENSIVE CONSULTATION        |         |         |         |         | 80.00   | 62.70*   | 53.70*   | 50.00    | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |         |         |         | 90.00   | 60.00    | 57.30*   | 68.00*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |         |         |         | 26.90*  | 35.80*   | 35.80*   | 35.80*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |         |         |         | 37.50   | 37.60*   | 30.00    | 32.50    | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 15.00   | 12.00   | 12.50*  | 14.30*  | 12.50*  | 12.00    | 12.50*   | 12.50*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |         |         |         | 18.00   | 18.00    | 18.00    | 18.00    | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |         |         |         | 12.50*  | 14.30*   | 12.50*   | 12.50*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 26.90*  | 26.90*  | 22.00   | 25.00   | 25.00   | 26.90*   | 25.00    | 25.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 13.40*  | 9.00*   | 13.40*  | 9.00*   | 15.00*  | 20.00    | 13.40*   | 9.00*    | 35 |
| 36 SPIROMETRY                    |         |         |         |         | 35.00   | 35.00    | 35.00    | 35.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |         |         |         | 71.60*  | 71.60*   | 71.60*   | 71.60*   | 37 |
| 38 CHEMOTHERAPY                  |         |         |         |         | 17.90*  | 17.90*   | 17.90*   | 17.90*   | 38 |
| 39 COLLECTION OF SPECIMENS       |         |         |         |         | 3.00    | 3.00     | 3.00     | 3.00     | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |         |         |         | 17.90*  | 17.90*   | 17.90*   | 17.90*   | 40 |
| 41 SKIN BIOPSY                   |         |         |         |         | 44.75*  | 44.75*   | 44.75*   | 44.75*   | 41 |
| 42 CHEMOCAUTERY                  |         |         |         |         | 29.90*  | 29.90*   | 29.90*   | 29.90*   | 42 |
| 43 RADICAL MASTECTOMY            |         |         |         |         | 852.00* | 840.00   | 839.50*  | 827.00*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |         |         |         | 895.00* | 895.00*  | 716.00*  | 895.00*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 26.90*  | 26.90*  | 26.90*  | 26.90*  | 26.90*  | 26.90*   | 26.90*   | 26.90*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         |         |         |         | 3819.00 | 3850.00  | 3186.20* | 3850.00* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         |         |         | 2236.00 | 2400.00  | 1780.00  | 2438.00* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |         |         |         | 17.90*  | 17.90*   | 17.90*   | 17.90*   | 48 |
| 49 BRONCHOSCOPY                  |         |         |         |         | 179.00* | 179.00*  | 179.00*  | 179.00*  | 49 |
| 50 THORACENTESIS                 |         |         |         |         | 35.80*  | 35.80*   | 35.80*   | 35.80*   | 50 |
| 51 CATHETERIZATION OF HEART      |         |         |         |         | 537.00* | 537.00*  | 537.00*  | 537.00*  | 51 |
| 52 INSERTION OF PACEMAKER        |         |         |         |         | 950.00  | 950.00   | 950.00   | 950.00   | 52 |
| 53 PARTIAL COLECTOMY             |         |         |         |         | 895.00* | 1342.50* | 895.00*  | 850.00   | 53 |
| 54 APPENDECTOMY                  | 447.50* | 447.50* | 447.50* | 447.50* | 447.50* | 447.50*  | 447.50*  | 447.50*  | 54 |
| 55 SIGMOIDOSCOPY                 |         |         |         |         | 44.75*  | 62.70*   | 44.75*   | 40.00    | 55 |

1982 PREVAILING CHARGE SUMMARY DATA      NATIONWIDE MUTUAL INSURANCE CO.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OHIO  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 05      | 06      | 07      | 08      | 05       | 06       | 07       | 08       |     |
|----------------------------------|---------|---------|---------|---------|----------|----------|----------|----------|-----|
| 56 HEMORRHOIDECTOMY              |         |         |         |         | 447.50*  | 447.50*  | 447.50*  | 447.50*  | 56  |
| 57 CHOLECYSTECTOMY               |         |         |         |         | 626.50*  | 778.70*  | 581.75*  | 625.00   | 57  |
| 58 REPAIR HERNIA                 |         |         |         |         | 402.75*  | 483.30*  | 358.00*  | 402.75*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 65.00   | 65.00   | 65.00   | 65.00   | 89.50*   | 44.75*   | 89.50*   | 62.70*   | 59  |
| 60 DILATION OF URETHRA           |         |         |         |         | 17.90*   | 17.90*   | 17.90*   | 25.00*   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         |         |         |         | 930.80*  | 859.20*  | 859.20*  | 859.20*  | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 930.80  | 716.00  | 716.00  | 716.00  | 930.80*  | 716.00*  | 716.00*  | 716.00*  | 62  |
| 63 HYSTERECTOMY                  |         |         |         |         | 805.50*  | 805.50*  | 805.50*  | 805.50*  | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |         |         |         | 28.00    | 26.40    | 28.60*   | 24.00    | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |         |         |         | 28.00    | 26.40    | 28.60*   | 24.00    | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |         |         |         | 15.00    | 25.00    | 20.00    | 15.00    | 66  |
| 67 EXTRACTION OF LENS            | 716.00* | 626.50* | 716.00* | 626.50* | 716.00*  | 716.00*  | 716.00*  | 626.50*  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 21.50*  | 20.00   | 21.50*  | 21.50*  | 15.00*   | 13.40*   | 13.40*   | 10.70*   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 26.90*  | 26.90*  | 26.90*  | 26.90*  | 26.90*   | 32.20*   | 12.00    | 32.20*   | 69  |
| 70 X-RAY SPINE                   |         |         |         |         | 26.90*   | 35.80*   | 17.90*   | 35.80*   | 70  |
| 71 X-RAY HIP                     |         |         |         |         | 30.00    | 32.20*   | 32.20*   | 32.20*   | 71  |
| 72 X-RAY UPPER GI TRACT          | 44.75*  | 44.75*  | 44.75*  | 44.75*  | 53.70*   | 62.70*   | 42.00    | 62.70*   | 72  |
| 73 X-RAY COLON                   |         |         |         |         | 53.70*   | 53.70*   | 30.00    | 53.70*   | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 15.00   | 22.40*  | 22.40*  | 22.40*  | 26.90*   | 22.40*   | 22.40*   | 22.40*   | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  | 18.00   | 32.20*  | 32.20*  | 32.20*  | 26.90*   | 32.20*   | 32.20*   | 32.20*   | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         |         |         |         | 37.60*   | 38.00    | 38.00    | 37.60*   | 76  |
| 77 CAT SCAN - HEAD               |         |         |         |         | 247.00*  | 241.70*  | 213.00*  | 182.60*  | 77  |
| 78 CAT SCAN - ABOOMEN            |         |         |         |         | 311.30   | 304.50   | 250.40   | 216.60   | 78  |
| 79 THREE CHEMISTRY TESTS         |         |         |         |         | 1.90     | 1.50     | 1.40     | 1.10     | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |         |         |         | 1.90     | 1.50     | 1.40     | 1.10     | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         |         |         |         | 20.00    | 10.00    | 14.75    | 21.00    | 81  |
| 82 HEMOGLOBIN                    |         |         |         |         | 3.00L    | 3.00L    | 3.00L    | 3.00L    | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |         |         |         |          |          |          |          | 83  |
| 84 WHITE CELL COUNT              |         |         |         |         | 3.00L    | 3.00     | 3.00L    | 3.00L    | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |         |         |         | 8.00L    | 8.00L    | 8.00L    | 8.00L    | 85  |
| 86 CHOLESTEROL TEST              |         |         |         |         | 6.00L    | 6.00L    | 6.00     | 6.00L    | 86  |
| 87 FLOCCULATION TEST             |         |         |         |         | 8.00     | 7.00     | 2.50     | 7.00     | 87  |
| 88 HEMATOCRIT                    |         |         |         |         | 3.00L    | 3.00L    | 3.00L    | 3.00     | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |         |         |         | 8.00     | 9.00     | 5.25     | 10.00    | 89  |
| 90 POTASSIUM TEST - BLOOD        |         |         |         |         | 8.50     | 10.00    | 8.50     | 11.00    | 90  |
| 91 PROTHROMBIN TIME TEST         |         |         |         |         | 5.50L    | 5.50L    | 5.50     | 5.50L    | 91  |
| 92 SEDIMENTATION RATE            |         |         |         |         | 5.00L    | 5.00L    | 5.00L    | 5.00L    | 92  |
| 93 BLOOD SUGAR                   |         |         |         |         | 5.00L    | 5.00L    | 5.00L    | 5.00L    | 93  |
| 94 BUN-UREA - NITROGEN           |         |         |         |         | 5.00L    | 5.00L    | 5.00L    | 5.00     | 94  |
| 95 URIC ACID                     |         |         |         |         | 6.00L    | 6.00L    | 6.00L    | 6.00L    | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |         |         |         |         | 3.30     | 3.70     | 5.00     | 5.00     | 96  |
| 97 PAP TEST                      |         |         |         |         | 7.00L    | 7.00L    | 7.00L    | 7.00L    | 97  |
| 98 ROUTINE URINALYSIS            |         |         |         |         | 3.00L    | 3.00L    | 3.00L    | 3.00L    | 98  |
| 99 CHEMICAL URINALYSIS           |         |         |         |         | 4.00     | 4.00     | 4.00     | 4.00     | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |         |         |         | 20.40    | 20.00    | 18.00    | 22.50    | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |         |         |         |          |          |          |          | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |         |         |         | 1200.00  | 1200.00  | 1200.00  | 1200.00  | 102 |
| 103 KIDNEY TRANSPLANT            |         |         |         |         | 2702.90* | 1859.80* | 2001.20* | 2140.80* | 103 |
| 104 HOSPITAL BED - RENTAL        |         |         |         |         | 45.00L   | 47.00    | 45.00L   | 57.20    | 104 |
| 105 WALKER - RENTAL              |         |         |         |         | 7.84     | 10.00    | 8.00     | 10.00    | 105 |
| 106 WHEELCHAIR - RENTAL          |         |         |         |         | 18.50    | 16.72    | 20.00L   | 20.00L   | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         |         |         |         | 70.00    | 70.00    | 70.00    | 70.00    | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |         |         |         | 421.98L  | 421.98L  | 421.98L  | 421.98L  | 108 |
| 109 WALKER - PURCHASE            |         |         |         |         | 50.84    | 49.75    | 48.00    | 52.78    | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |         |         |         | 225.00L  | 225.00L  | 225.00L  | 225.00L  | 110 |



1982 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OHIO  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 09      | 10      | 11      | 12      | 09       | 10      | 11      | 12       |    |
|----------------------------------|---------|---------|---------|---------|----------|---------|---------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |         |         |         | 14.30*   | 17.90*  | 14.30*  | 12.50*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 10.70*  | 14.30*  | 14.30*  | 10.70*  | 14.30*   | 17.90*  | 14.30*  | 12.50*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |         |         | 26.90*   | 24.00   | 25.00   | 17.90*   | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 35.80*  | 50.00   | 50.00   | 40.00   | 50.00    | 53.70*  | 50.00   | 40.00    | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 4.00    | 7.20*   | 5.00    | 5.00    | 3.00     | 5.00    | 5.00    | 3.00     | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 10.70*  | 14.30*  | 14.30*  | 10.70*  | 14.30*   | 17.90*  | 14.30*  | 12.50*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 10.70*  | 14.30*  | 14.30*  | 10.70*  | 14.30*   | 17.90*  | 14.30*  | 12.50*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 10.70*  | 14.30*  | 14.30*  | 10.70*  | 14.30*   | 17.90*  | 14.30*  | 12.50*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 20.00   | 25.00   | 15.00   | 17.00   | 26.90*   | 24.00   | 25.00   | 17.90*   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 35.80*  | 50.00   | 50.00   | 40.00   | 50.00    | 53.70*  | 50.00   | 40.00    | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 16.00   | 21.50*  | 21.50*  | 17.90*  | 20.00    | 21.50*  | 21.50*  | 20.00    | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |         |         |         | 20.00    | 21.50*  | 21.50*  | 20.00    | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 16.00   | 21.50*  | 21.50*  | 17.90*  | 20.00    | 21.50*  | 21.50*  | 20.00    | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |         |         | 12.00    | 17.90*  | 14.30*  | 16.10*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 10.70*  | 14.30*  | 14.30   | 10.70*  | 14.30*   | 17.90*  | 14.30   | 12.50    | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 26.90*  | 26.90*  | 26.90*  | 35.00   | 44.75*   | 44.75*  | 35.80*  | 35.80*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         |         |         | 44.75*   | 44.75*  | 44.75*  | 44.75*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 35.00   | 44.75*  | 44.75*  | 44.75*  | 44.75*   | 44.75*  | 44.75*  | 44.75*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 10.70*  | 14.30*  | 14.30*  | 12.50*  | 17.90*   | 17.90*  | 14.30*  | 16.10*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 10.70*  | 14.30*  | 14.30*  | 12.50*  | 17.90*   | 17.90*  | 14.30*  | 16.10*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 26.90*  | 26.90*  | 26.90*  | 35.00   | 44.75*   | 44.75*  | 35.80*  | 35.80*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         |         |         | 44.75*   | 44.75*  | 35.80*  | 35.80*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |         |         |         | 20.00    | 18.80*  | 26.90*  | 22.00    | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         |         |         | 20.00    | 18.80*  | 26.90*  | 22.00    | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |         |         |         | 20.00    | 18.80*  | 26.90*  | 22.00    | 25 |
| 26 LIMITED CONSULTATION          | 44.75*  | 44.75*  | 50.00   | 38.00   | 44.75*   | 62.70*  | 62.70*  | 53.70*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         |         |         |         | 44.75*   | 62.70*  | 62.70*  | 53.70*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |         |         |         | 48.30*   | 68.00*  | 68.00*  | 57.30*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |         |         |         | 35.80*   | 35.80*  | 35.80*  | 35.80*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |         |         |         | 28.50    | 35.00   | 35.00   | 35.00    | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 12.50*  | 14.00   | 14.30*  | 12.50*  | 12.50*   | 12.50*  | 12.50*  | 12.50*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |         |         |         | 12.50*   | 18.00   | 18.00   | 18.00    | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |         |         |         | 12.50*   | 14.30*  | 14.30*  | 12.50*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 30.00   | 26.90*  | 35.00   | 25.00   | 25.00    | 26.90*  | 35.00   | 25.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 10.00*  | 14.30*  | 13.40*  | 14.30*  | 15.00    | 10.00*  | 10.00   | 9.00*    | 35 |
| 36 SPIROMETRY                    |         |         |         |         | 35.00    | 35.00   | 35.00   | 35.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |         |         |         | 71.60*   | 71.60*  | 71.60*  | 71.60*   | 37 |
| 38 CHEMOTHERAPY                  |         |         |         |         | 17.90*   | 17.90*  | 17.90*  | 15.00    | 38 |
| 39 COLLECTION OF SPECIMENS       |         |         |         |         | 3.00     | 3.00    | 3.00    | 3.00     | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |         |         |         | 17.90*   | 17.90*  | 17.90*  | 17.90*   | 40 |
| 41 SKIN BIOPSY                   |         |         |         |         | 44.75*   | 44.75*  | 44.75*  | 44.75*   | 41 |
| 42 CHEMOCAUTERY                  |         |         |         |         | 29.90*   | 29.90*  | 29.90*  | 29.90*   | 42 |
| 43 RADICAL MASTECTOMY            |         |         |         |         | 776.90*  | 927.20* | 800.00  | 784.00   | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |         |         |         | 800.00   | 805.50* | 805.50* | 895.00*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 26.90*  | 26.90*  | 26.90*  | 26.90*  | 26.90*   | 26.90*  | 26.90*  | 26.90*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         |         |         |         | 3649.80* | 3850.00 | 3850.00 | 3850.00* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         |         |         | 2000.00  | 2500.00 | 2500.00 | 1654.00* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |         |         |         | 17.90*   | 17.90*  | 17.90*  | 17.90*   | 48 |
| 49 BRONCHOSCOPY                  |         |         |         |         | 179.00*  | 179.00* | 179.00* | 179.00*  | 49 |
| 50 THORACENTESIS                 |         |         |         |         | 35.80*   | 35.80*  | 35.80*  | 35.80*   | 50 |
| 51 CATHETERIZATION OF HEART      |         |         |         |         | 537.00*  | 537.00* | 537.00* | 537.00*  | 51 |
| 52 INSERTION OF PACEMAKER        |         |         |         |         | 950.00   | 950.00  | 950.00  | 950.00   | 52 |
| 53 PARTIAL COLECTOMY             |         |         |         |         | 760.75*  | 895.00* | 895.00* | 840.00   | 53 |
| 54 APPENDECTOMY                  | 447.50* | 447.50* | 447.50* | 447.50* | 447.50*  | 447.50* | 447.50* | 447.50*  | 54 |
| 55 SIGMOIDOSCOPY                 |         |         |         |         | 35.80*   | 44.75*  | 50.00   | 35.80*   | 55 |

1982 PREVAILING CHARGE SUMMARY DATA      NATIONWIDE MUTUAL INSURANCE CO.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OHIO  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 09      | 10      | 11      | 12      | 09       | 10       | 11       | 12       |     |
|----------------------------------|---------|---------|---------|---------|----------|----------|----------|----------|-----|
| 56 HEMORRHOIDECTOMY              |         |         |         |         | 447.50*  | 447.50*  | 447.50*  | 447.50*  | 56  |
| 57 CHOLECYSTECTOMY               |         |         |         |         | 626.50*  | 716.00*  | 805.50*  | 626.50*  | 57  |
| 58 REPAIR HERNIA                 |         |         |         |         | 331.20*  | 402.75*  | 447.50*  | 402.75*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 65.00   | 65.00   | 65.00   | 65.00   | 44.75*   | 89.50*   | 134.25*  | 44.75*   | 59  |
| 60 DILATION OF URETHRA           |         |         |         |         | 21.50*   | 26.90*   | 20.00    | 24.50*   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         |         |         |         | 716.00*  | 859.20*  | 895.00*  | 859.20*  | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 716.00  | 895.00  | 859.20  | 716.00  | 716.00*  | 895.00*  | 859.20*  | 716.00*  | 62  |
| 63 HYSTERECTOMY                  |         |         |         |         | 805.50*  | 805.50*  | 805.50*  | 805.50*  | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |         |         |         | 24.00    | 35.00    | 35.00    | 25.60    | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |         |         |         | 24.00    | 35.00    | 35.00    | 25.60    | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |         |         |         | 25.00    | 20.00    | 21.50*   | 25.00    | 66  |
| 67 EXTRACTION OF LENS            | 716.00* | 805.50* | 805.50* | 626.50* | 716.00*  | 805.50*  | 805.50*  | 626.50*  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 15.00*  | 21.50*  | 21.50*  | 20.00   | 15.00*   | 12.00*   | 27.00    | 13.40*   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 35.00   | 26.90*  | 35.80*  | 26.90*  | 26.90*   | 26.90*   | 32.20*   | 32.20*   | 69  |
| 70 X-RAY SPINE                   |         |         |         |         | 20.00*   | 30.40*   | 20.00*   | 35.80*   | 70  |
| 71 X-RAY HIP                     |         |         |         |         | 32.20*   | 30.40*   | 32.20*   | 32.20*   | 71  |
| 72 X-RAY UPPER GI TRACT          | 44.75*  | 44.75*  | 44.75*  | 44.75*  | 53.70*   | 35.00*   | 71.60*   | 62.70*   | 72  |
| 73 X-RAY COLON                   |         |         |         |         | 53.70*   | 38.00*   | 62.70*   | 53.70*   | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 22.40*  | 17.90*  | 17.90*  | 20.40*  | 22.40*   | 17.90*   | 17.90*   | 20.40*   | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  | 26.90*  | 32.20*  | 26.90*  | 23.80*  | 26.90*   | 32.20*   | 26.90*   | 23.80*   | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         |         |         |         | 32.20*   | 38.00    | 32.20*   | 28.60*   | 76  |
| 77 CAT SCAN - HEAD               |         |         |         |         | 218.40*  | 205.90*  | 295.00   | 295.00   | 77  |
| 78 CAT SCAN - ABDOMEN            |         |         |         |         | 290.90   | 250.40   | 360.00   | 360.00   | 78  |
| 79 THREE CHEMISTRY TESTS         |         |         |         |         | 2.10     | 1.30     | 1.70     | 1.40     | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |         |         |         | 2.10     | 1.30     | 1.70     | 1.40     | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         |         |         |         | 10.00    | 12.00    | 24.00    | 8.00     | 81  |
| 82 HEMOGLOBIN                    |         |         |         |         | 3.00L    | 3.00L    | 3.00L    | 3.00     | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |         |         |         |          |          |          |          | 83  |
| 84 WHITE CELL COUNT              |         |         |         |         | 3.00L    | 3.00L    | 3.00L    | 3.00L    | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |         |         |         | 8.00L    | 8.00L    | 8.00L    | 7.00     | 85  |
| 86 CHOLESTEROL TEST              |         |         |         |         | 6.00L    | 6.00     | 6.00L    | 6.00L    | 86  |
| 87 FLOCCULATION TEST             |         |         |         |         | 8.00     | 4.00     | 7.00     | 7.00     | 87  |
| 88 HEMATOCRIT                    |         |         |         |         | 3.00     | 3.00     | 3.00L    | 3.00L    | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |         |         |         | 7.00     | 5.00     | 15.00    | 5.00     | 89  |
| 90 POTASSIUM TEST - BLOOD        |         |         |         |         | 9.00     | 6.00     | 10.00    | 9.00     | 90  |
| 91 PROTHROMBIN TIME TEST         |         |         |         |         | 5.50L    | 5.00     | 5.50L    | 5.50L    | 91  |
| 92 SEDIMENTATION RATE            |         |         |         |         | 5.00L    | 5.00L    | 5.00L    | 5.00     | 92  |
| 93 BLOOD SUGAR                   |         |         |         |         | 5.00L    | 5.00     | 5.00L    | 5.00L    | 93  |
| 94 BUN-UREA - NITROGEN           |         |         |         |         | 5.00L    | 5.00     | 5.00L    | 5.00L    | 94  |
| 95 URIC ACID                     |         |         |         |         | 6.00L    | 6.00     | 6.00L    | 6.00L    | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |         |         |         |         | 5.00     | 3.00     | 6.00     | 4.00     | 96  |
| 97 PAP TEST                      |         |         |         |         | 7.00L    | 7.00L    | 7.00L    | 7.00L    | 97  |
| 98 ROUTINE URINALYSIS            |         |         |         |         | 3.00L    | 3.00L    | 3.00L    | 3.00L    | 98  |
| 99 CHEMICAL URINALYSIS           |         |         |         |         | 4.00     | 3.00     | 3.00     | 4.00     | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |         |         |         | 50.00    | 25.00    | 36.00    | 15.00    | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |         |         |         |          |          |          |          | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |         |         |         | 1200.00  | 1200.00  | 1200.00  | 1200.00  | 102 |
| 103 KIDNEY TRANSPLANT            |         |         |         |         | 2071.00* | 2667.10* | 2667.10* | 1509.00* | 103 |
| 104 HOSPITAL BED - RENTAL        |         |         |         |         | 45.00L   | 59.00    | 45.00L   | 48.07    | 104 |
| 105 WALKER - RENTAL              |         |         |         |         | 10.00    | 8.36     | 10.45    | 10.00    | 105 |
| 106 WHEELCHAIR - RENTAL          |         |         |         |         | 20.00L   | 20.00L   | 20.00L   | 20.00L   | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         |         |         |         | 70.00    | 70.00    | 70.00    | 70.00    | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |         |         |         | 421.98L  | 421.98L  | 421.98L  | 421.98L  | 108 |
| 109 WALKER - PURCHASE            |         |         |         |         | 41.80    | 36.54    | 49.81    | 48.65    | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |         |         |         | 225.00L  | 225.00L  | 225.00L  | 225.00L  | 110 |



1982 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OHIO  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 13      | 14      | 15      | 13      | 14       | 15       |    |
|----------------------------------|---------|---------|---------|---------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |         |         | 17.00   | 17.90*   | 12.50*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 10.70*  | 10.70*  | 10.70*  | 17.00   | 17.90*   | 12.50*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |         | 26.90*  | 25.00    | 20.00    | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 35.00   | 44.75*  | 50.00   | 50.00   | 50.00    | 44.75*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 5.00    | 5.00    | 5.00    | 7.20*   | 7.20*    | 5.00     | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 10.70*  | 10.70*  | 10.70*  | 17.00   | 17.90*   | 12.50*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 10.70*  | 10.70*  | 10.70*  | 17.00   | 17.90*   | 12.50*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 10.70*  | 10.70*  | 10.70*  | 17.00   | 17.90*   | 12.50*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 17.90*  | 18.00   | 15.00   | 26.90*  | 25.00    | 20.00    | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 35.00   | 44.75*  | 50.00   | 50.00   | 50.00    | 44.75*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 17.90*  | 17.90*  | 17.90*  | 17.90*  | 17.90*   | 12.50*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |         |         | 17.90*  | 17.90*   | 12.50*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 17.90*  | 17.90*  | 17.90*  | 17.90*  | 17.90*   | 12.50*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |         | 14.00   | 17.90*   | 16.00*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 10.70*  | 10.70*  | 10.70*  | 12.00   | 15.00    | 15.00    | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 26.90*  | 26.90*  | 26.90*  | 44.75*  | 44.75*   | 44.75*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         |         | 85.00   | 44.75*   | 50.00    | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 44.75*  | 44.75*  | 40.00   | 85.00   | 44.75*   | 50.00    | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 10.70*  | 10.70*  | 12.50*  | 15.00*  | 17.90*   | 14.30*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 10.70*  | 10.70*  | 12.50*  | 15.00*  | 17.90*   | 14.30*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 26.90*  | 26.90*  | 26.90*  | 44.75*  | 44.75*   | 44.75*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         |         | 44.75*  | 44.75*   | 44.75*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |         |         | 26.90*  | 26.90*   | 17.90*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         |         | 26.90*  | 26.90*   | 17.90*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |         |         | 26.90*  | 26.90*   | 17.90*   | 25 |
| 26 LIMITED CONSULTATION          | 45.00   | 60.00   | 35.80*  | 60.00   | 53.70*   | 44.75*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         |         |         | 60.00   | 53.70*   | 44.75*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |         |         | 68.00*  | 57.30*   | 48.30*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |         |         | 42.80*  | 35.80*   | 35.80*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |         |         | 35.00   | 35.00    | 35.00    | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 12.00   | 12.00   | 14.30*  | 12.00   | 12.00    | 12.50*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |         |         | 15.20*  | 18.00    | 12.50*   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |         |         | 12.50*  | 14.30*   | 12.50*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 26.90*  | 25.00   | 30.00   | 26.90*  | 26.00    | 23.30*   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 14.30*  | 15.00   | 15.00   | 20.00   | 17.90*   | 17.90*   | 35 |
| 36 SPIROMETRY                    |         |         |         | 35.00   | 35.00    | 35.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |         |         | 71.60*  | 71.60*   | 71.60*   | 37 |
| 38 CHEMOTHERAPY                  |         |         |         | 17.90*  | 17.90*   | 17.90*   | 38 |
| 39 COLLECTION OF SPECIMENS       |         |         |         | 3.00    | 3.00     | 3.00     | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |         |         | 17.90*  | 17.90*   | 17.90*   | 40 |
| 41 SKIN BIOPSY                   |         |         |         | 44.75*  | 44.75*   | 30.00    | 41 |
| 42 CHEMOCAUTERY                  |         |         |         | 29.90*  | 29.90*   | 29.90*   | 42 |
| 43 RADICAL MASTECTOMY            |         |         |         | 676.60* | 730.00   | 751.80*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |         |         | 895.00* | 895.00*  | 919.50*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 26.90*  | 26.90*  | 26.90*  | 26.90*  | 26.90*   | 26.90*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         |         |         | 3850.00 | 3850.00* | 3850.00* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         |         | 2575.00 | 1881.00  | 2575.00  | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |         |         | 17.90*  | 17.90*   | 17.90*   | 48 |
| 49 BRONCHOSCOPY                  |         |         |         | 179.00* | 179.00*  | 179.00*  | 49 |
| 50 THORACENTESIS                 |         |         |         | 35.80*  | 35.80*   | 35.80*   | 50 |
| 51 CATHETERIZATION OF HEART      |         |         |         | 537.00* | 537.00*  | 537.00*  | 51 |
| 52 INSERTION OF PACEMAKER        |         |         |         | 950.00  | 950.00   | 950.00   | 52 |
| 53 PARTIAL COLECTOMY             |         |         |         | 895.00* | 895.00*  | 805.50*  | 53 |
| 54 APPENDECTOMY                  | 447.50* | 447.50* | 447.50* | 447.50* | 447.50*  | 447.50*  | 54 |
| 55 SIGMOIDOSCOPY                 |         |         |         | 26.90*  | 35.80*   | 26.90*   | 55 |

1982 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

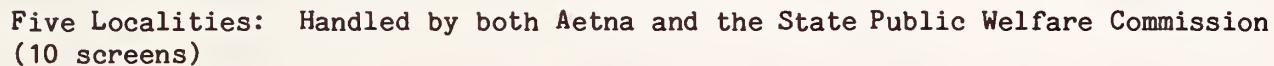
| PROCEDURE DESCRIPTION            | 13      | 14      | 15      |
|----------------------------------|---------|---------|---------|
| 56 HEMORRHOIDECTOMY              |         |         |         |
| 57 CHOLECYSTECTOMY               |         |         |         |
| 58 REPAIR HERNIA                 |         |         |         |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 65.00   | 65.00   | 65.00   |
| 60 DILATION OF URETHRA           |         |         |         |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         |         |         |
| 62 ELECTROSECTION-PROSTATE (TUR) | 859.20  | 716.00  | 995.00  |
| 63 HYSTERECTOMY                  |         |         |         |
| 64 INITIAL COMPLETE EYE EXAM     |         |         |         |
| 65 COMPREHENSIVE EYE EXAM        |         |         |         |
| 66 EYE EXAM WITH TONOMETRY       |         |         |         |
| 67 EXTRACTION OF LENS            | 859.20* | 716.00* | 671.25* |
| 68 CHEST X-RAY - SINGLE VIEW     | 21.50*  | 21.50*  | 21.50*  |
| 69 CHEST X-RAY - TWO VIEWS       | 26.90*  | 25.00   | 35.80*  |
| 70 X-RAY SPINE                   |         |         |         |
| 71 X-RAY HIP                     |         |         |         |
| 72 X-RAY UPPER GI TRACT          | 44.75*  | 44.75*  | 44.75*  |
| 73 X-RAY COLON                   |         |         |         |
| 74 RADIATION THERAPY-LDW VOLT    | 17.90*  | 22.40*  | 22.40*  |
| 75 RADIATION THERAPY-SUPER VOLT  | 32.20*  | 32.20*  | 32.20*  |
| 76 RADIATION THERAPY-MEGA VOLT   |         |         |         |
| 77 CAT SCAN - HEAD               |         |         |         |
| 78 CAT SCAN - ABOOMEN            |         |         |         |
| 79 THREE CHEMISTRY TESTS         |         |         |         |
| 80 NINETEEN CHEMISTRY TESTS      |         |         |         |
| 81 CULTURE - OTHER THAN BLOOD    |         |         |         |
| 82 HEMOGLOBIN                    |         |         |         |
| 83 AUTOMATED BLOOD COUNT         |         |         |         |
| 84 WHITE CELL COUNT              |         |         |         |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |         |         |
| 86 CHOLESTEROL TEST              |         |         |         |
| 87 FLOCCULATION TEST             |         |         |         |
| 88 HEMATOCRIT                    |         |         |         |
| 89 PLATELET COUNT (REES-ECKER)   |         |         |         |
| 90 POTASSIUM TEST - BLOOD        |         |         |         |
| 91 PROTHROMBIN TIME TEST         |         |         |         |
| 92 SEDIMENTATION RATE            |         |         |         |
| 93 BLOOD SUGAR                   |         |         |         |
| 94 BUN-UREA - NITROGEN           |         |         |         |
| 95 URIC ACID                     |         |         |         |
| 96 FECES-OCCULT BLOOD-SCREENING  |         |         |         |
| 97 PAP TEST                      |         |         |         |
| 98 ROUTINE URINALYSIS            |         |         |         |
| 99 CHEMICAL URINALYSIS           |         |         |         |
| 100 PATHOLOGY - THREE SPECIMENS  |         |         |         |
| 101 ELEC MONITORING-PACEMAKER    |         |         |         |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |         |         |
| 103 KIDNEY TRANSPLANT            |         |         |         |
| 104 HOSPITAL BED - RENTAL        |         |         |         |
| 105 WALKER - RENTAL              |         |         |         |
| 106 WHEELCHAIR - RENTAL          |         |         |         |
| 107 LIQUID OXYGEN - RENTAL       |         |         |         |
| 108 HOSPITAL BED - PURCHASE      |         |         |         |
| 109 WALKER - PURCHASE            |         |         |         |
| 110 WHEELCHAIR - PURCHASE        |         |         |         |

OHIO  
LOCALITY DESIGNATION FOR SPECIALIST

| 13       | 14       | 15       |     |
|----------|----------|----------|-----|
| 447.50*  | 268.50*  | 447.50*  | 56  |
| 650.00   | 626.50*  | 716.00*  | 57  |
| 358.00*  | 400.00   | 402.75*  | 58  |
| 90.00    | 89.50*   | 89.50*   | 59  |
| 18.00    | 15.00    | 17.90*   | 60  |
| 859.20*  | 859.20*  | 859.20*  | 61  |
| 859.20*  | 716.00*  | 1000.00  | 62  |
| 805.50*  | 805.50*  | 805.50*  | 63  |
| 26.90*   | 26.90*   | 28.00    | 64  |
| 26.90*   | 26.90*   | 28.00    | 65  |
| 22.00    | 26.90*   | 26.90*   | 66  |
| 859.20*  | 716.00*  | 671.25*  | 67  |
| 19.70*   | 12.50*   | 17.90*   | 68  |
| 28.60*   | 32.20*   | 32.20*   | 69  |
| 35.80*   | 35.80*   | 35.80*   | 70  |
| 32.20*   | 32.20*   | 32.20*   | 71  |
| 38.00*   | 62.70*   | 62.70*   | 72  |
| 32.00*   | 53.70*   | 53.70*   | 73  |
| 17.90*   | 22.40*   | 22.40*   | 74  |
| 32.20*   | 32.20*   | 32.20*   | 75  |
| 26.90*   | 37.60*   | 38.00    | 76  |
| 223.75*  | 236.30*  | 293.60*  | 77  |
| 263.80   | 331.50   | 360.00   | 78  |
| 1.50     | 2.10     | 1.40     | 79  |
| 1.50     | 2.10     | 1.40     | 80  |
| 6.50     | 10.50    | 8.00     | 81  |
| 3.00L    | 3.00L    | 3.00L    | 82  |
|          |          |          | 83  |
| 3.00     | 3.00L    | 3.00L    | 84  |
| 8.00L    | 8.00L    | 8.00L    | 85  |
| 6.00L    | 6.00L    | 6.00L    | 86  |
| 6.00     | 6.00     | 8.00     | 87  |
| 3.00L    | 3.00L    | 3.00L    | 88  |
| 5.00     | 8.50     | 7.00     | 89  |
| 7.50     | 6.50     | 6.00     | 90  |
| 5.50L    | 5.50L    | 5.50L    | 91  |
| 5.00     | 5.00     | 5.00L    | 92  |
| 5.00L    | 5.00L    | 5.00L    | 93  |
| 5.00L    | 5.00L    | 5.00L    | 94  |
| 6.00L    | 6.00L    | 6.00L    | 95  |
| 3.00     | 3.00     | 3.00     | 96  |
| 7.00L    | 7.00L    | 7.00L    | 97  |
| 3.00L    | 3.00L    | 3.00L    | 98  |
| 4.00     | 4.00     | 2.00     | 99  |
| 18.00    | 15.00    | 21.00    | 100 |
|          |          |          | 101 |
| 1200.00  | 1200.00  | 1200.00  | 102 |
| 2316.30* | 2527.50* | 2386.10* | 103 |
| 40.00    | 55.00    | 45.00    | 104 |
| 10.00    | 10.00    | 7.00     | 105 |
| 20.00L   | 20.00L   | 20.00    | 106 |
| 70.00    | 70.00    | 70.00    | 107 |
| 421.98L  | 421.98L  | 421.98L  | 108 |
| 43.16    | 49.75    | 45.93    | 109 |
| 225.00L  | 225.00L  | 225.00L  | 110 |

OKLAHOMA

04 ENID.    PONCA CITY 04    BARTLESVILLE 04    TULSA 02



- (Locality is determined by the city cited in the return address.)



1982 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OKLAHOMA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 01      | 02      | 03      | 04     | 01       | 02       | 03       | 04       |    |
|----------------------------------|---------|---------|---------|--------|----------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |         |         |        | 20.00    | 25.00    | 23.00    | 21.50*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 35.00   | 25.00   | 20.00*  | 20.00  | 44.70*   | 53.70*   | 30.00    | 35.00    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |         |        | 59.40*   | 45.00*   | 17.10*   | 44.00*   | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 50.00   | 30.00   | 62.60*  | 18.00  | 62.60*   | 80.50*   | 60.00    | 71.50*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 7.20*   | 9.00*   | 7.20*   | 2.00   | 5.90*    | 5.30*    | 6.00     | 9.00*    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 10.80*  | 10.80*  | 9.00*   | 10.80* | 14.30*   | 17.90*   | 10.80*   | 10.80*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 17.90*  | 15.00   | 15.00   | 15.00  | 17.90*   | 17.90*   | 17.90*   | 18.00    | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 15.00   | 16.00   | 17.90*  | 12.00  | 25.00    | 26.00    | 16.60*   | 32.25*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 33.10*  | 25.25*  | 25.25*  | 26.70* | 40.00    | 40.00    | 29.60*   | 50.00    | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 40.00   | 44.70*  | 30.00   | 35.80* | 53.70*   | 62.60*   | 44.70*   | 60.00    | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 17.90*  | 17.90*  | 15.00   | 17.90* | 17.90*   | 12.60*   | 12.60*   | 12.60*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |         |         |        | 25.00    | 25.00    | 25.00    |          | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 25.00   | 26.70*  | 26.70*  | 25.00  |          |          |          |          | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |         |        | 20.00    | 15.00*   | 22.00    | 15.00*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 17.90*  | 17.90*  | 12.60*  | 17.90* |          |          |          |          | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 35.80*  | 26.70*  | 26.70*  | 26.70* | 35.80*   | 44.70*   | 31.20*   | 35.80*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         |         |        | 53.70*   | 53.70*   | 44.70*   | 44.70*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 62.60*  | 50.00   | 53.70*  | 60.00  | 71.50*   | 80.50*   | 60.00    | 62.60*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 17.90*  | 17.90*  | 12.60*  | 12.60* | 17.90*   | 17.90*   | 17.90*   | 17.90*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 18.80*  | 20.00*  | 17.90*  | 18.00* | 25.00    | 26.70*   | 26.70*   | 20.00    | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 17.90*  | 22.60*  | 15.30*  | 13.40* | 25.00    | 22.50*   | 23.50*   | 12.60*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         |         |        | 26.70*   | 35.80*   | 26.70*   | 28.60*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |         |         |        | 25.00    | 25.00    | 21.80*   | 19.70*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         |         |        | 39.00    | 30.00    | 30.00    | 30.00    | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |         |         |        | 28.90*   | 27.40*   |          | 27.90*   | 25 |
| 26 LIMITED CONSULTATION          | 26.70*  | 26.70*  | 30.00   | 26.70* | 44.70*   | 35.80*   | 35.80*   | 26.70*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         |         |         |        | 53.70*   | 62.60*   | 44.70*   | 44.70*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |         |         |        | 62.60*   | 89.60*   | 60.00    | 71.50*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |         |         |        | 60.00    | 50.00    | 47.70*   | 51.50*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |         |         |        | 39.50*   | 26.20*   | 23.80*   | 17.30*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |         |         |         |        | 15.00    | 15.00    | 12.00    | 12.00*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |         |         |        |          | 12.60*   |          |          | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |         |         |        | 17.90*   | 17.90*   | 10.00*   | 17.00    | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 26.70*  | 25.50   | 26.70*  | 26.70* | 25.00    | 26.70*   | 24.00    | 25.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 9.00*   | 9.00*   | 9.00*   |        | 10.00    | 9.00*    | 12.50    | 12.00    | 35 |
| 36 SPIROMETRY                    |         |         |         |        | 35.00    | 35.00    |          |          | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |         |         |        | 71.50*   | 75.00    |          |          | 37 |
| 38 CHEMOTHERAPY                  |         |         |         |        |          |          |          |          | 38 |
| 39 COLLECTION OF SPECIMENS       |         |         |         |        | 5.00     | 9.50     | 6.00     | 5.00     | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |         |         |        | 17.90*   | 17.90*   | 15.00    |          | 40 |
| 41 SKIN BIOPSY                   |         |         |         |        | 26.70*   | 40.00    | 26.70*   | 44.70*   | 41 |
| 42 CHEMOCAUTERY                  |         |         |         |        | 17.90*   | 17.90*   | 17.90*   | 17.90*   | 42 |
| 43 RADICAL MASTECTOMY            |         |         |         |        |          |          |          |          | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |         |         |        | 805.40*  | 1002.40* | 715.90*  | 805.40*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 24.00   | 24.00   | 23.10*  |        | 22.75    | 29.00*   | 26.70*   | 32.00    | 45 |
| 46 CORONARY ARTERY BYPASS        |         |         |         |        |          |          |          |          | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         |         |        | 1789.70* | 1789.70* | 1342.40* | 1342.40* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |         |         |        | 21.00    | 21.00    | 18.40*   | 21.00    | 48 |
| 49 BRONCHOSCOPY                  |         |         |         |        | 143.20*  | 145.10*  | 145.10*  | 145.10*  | 49 |
| 50 THORACENTESIS                 |         |         |         |        | 40.00*   | 62.60*   | 53.70*   | 55.00    | 50 |
| 51 CATHETERIZATION OF HEART      |         |         |         |        | 358.00*  | 358.00*  |          |          | 51 |
| 52 INSERTION OF PACEMAKER        |         |         |         |        | 894.90*  | 950.00   | 700.00*  | 950.00   | 52 |
| 53 PARTIAL COLECTOMY             |         |         |         |        | 894.90*  | 1002.40* | 894.90*  | 894.90*  | 53 |
| 54 APPENDECTOMY                  | 358.00* | 386.60* | 447.50* | 78.70* | 492.30*  | 537.00*  | 447.50*  | 447.50*  | 54 |
| 55 SIGMOIDOSCOPY                 |         |         |         |        | 35.80*   | 35.80*   | 35.00    | 44.70*   | 55 |

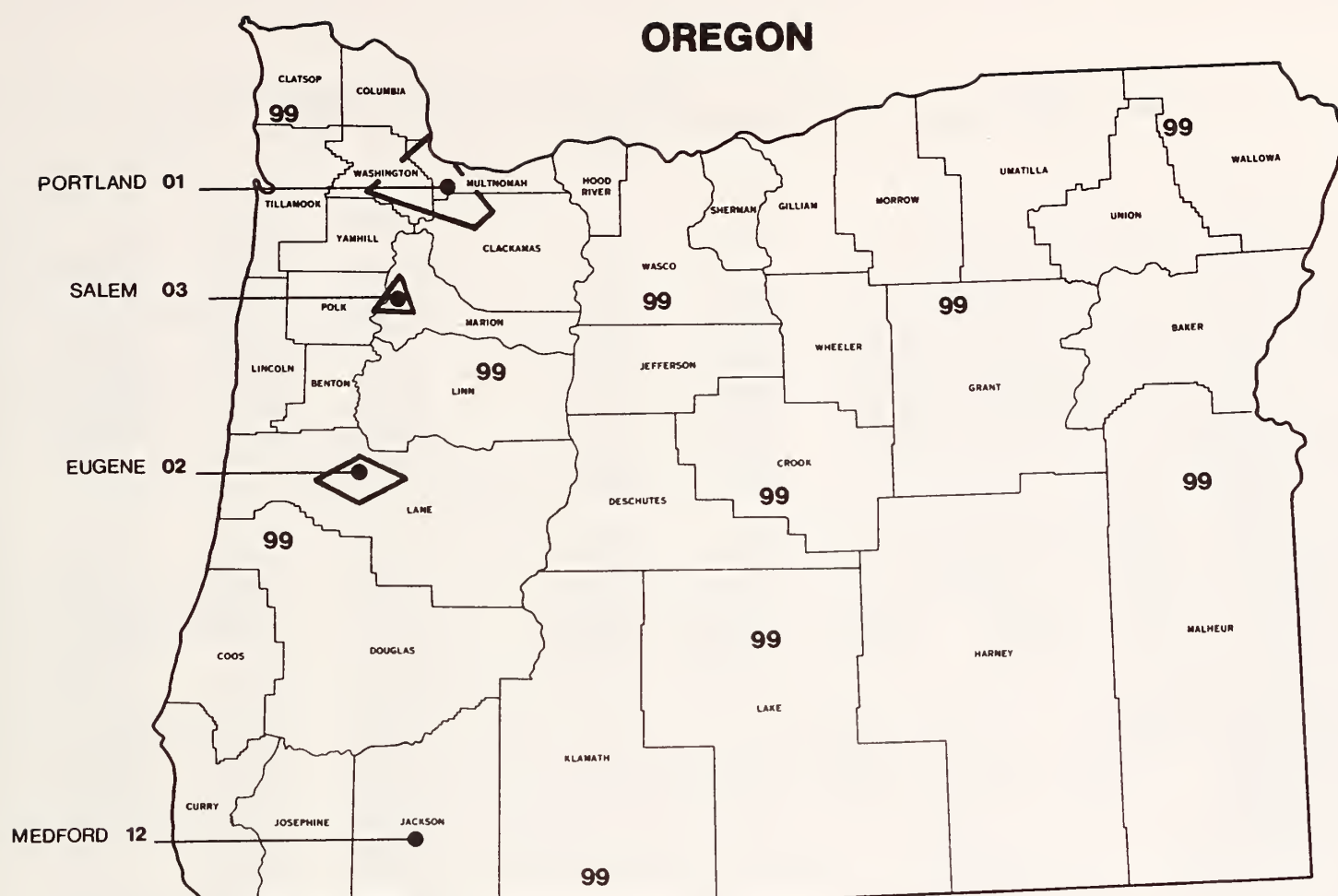


1982 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OKLAHOMA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | O1     | O2      | O3      | O4      | O1       | O2       | O3      | O4      |     |
|----------------------------------|--------|---------|---------|---------|----------|----------|---------|---------|-----|
| 56 HEMORRHOIDECTOMY              |        |         |         |         | 425.00   | 402.70*  | 289.90* | 313.30* | 56  |
| 57 CHOLECYSTECTOMY               |        |         |         |         | 671.20*  | 715.90*  | 644.40* | 626.50* | 57  |
| 58 REPAIR HERNIA                 |        |         |         |         | 447.50*  | 465.40*  | 402.70* | 447.50* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 54.00  | 48.40*  |         |         | 44.70*   | 53.70*   | 44.70*  | 53.00   | 59  |
| 60 DILATION OF URETHRA           |        |         |         |         | 17.90*   | 17.90*   | 13.20*  | 17.90*  | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |        |         |         |         | 805.40*  | 1002.40* | 894.90* | 773.20* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) |        | 681.30* |         | 143.20* | 805.40*  | 939.60*  | 715.90* | 787.40* | 62  |
| 63 HYSTERECTOMY                  |        |         |         |         | 805.40*  | 840.00   | 805.40* | 805.40* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |        |         |         |         | 35.80*   | 32.00    | 26.70*  | 28.60*  | 64  |
| 65 COMPREHENSIVE EYE EXAM        |        |         |         |         | 40.00    | 28.60*   | 40.00   | 35.00   | 65  |
| 66 EYE EXAM WITH TONOMETRY       |        |         |         |         | 11.20*   | 18.00    | 20.00   | 15.00   | 66  |
| 67 EXTRACTION OF LENS            |        |         | 681.30* |         | 715.90*  | 715.90*  | 715.90* | 715.90* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 21.50* | 21.50*  | 22.50*  | 26.70*  | 17.90*   | 22.50*   | 13.00   | 17.50*  | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 30.50* | 35.00   | 26.70*  | 32.00   | 19.30*   | 26.70*   | 19.30*  | 20.00*  | 69  |
| 70 X-RAY SPINE                   |        |         |         |         | 26.70*   | 35.80*   | 25.00*  | 25.00*  | 70  |
| 71 X-RAY HIP                     |        |         |         |         | 21.25*   | 32.25*   | 26.70*  | 26.70*  | 71  |
| 72 X-RAY UPPER GI TRACT          | 62.50  | 62.60*  | 44.70*  | 53.70*  | 53.70*   | 62.60*   | 40.00*  | 62.60*  | 72  |
| 73 X-RAY COLON                   |        |         |         |         | 35.80*   | 53.70*   | 38.00*  | 71.50*  | 73  |
| 74 RADIATION THERAPY-LOW VOLT    |        | 22.00   |         |         | 20.00*   | 20.00*   |         | 21.50*  | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |        |         |         |         |          |          |         |         | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |        |         |         |         |          |          |         |         | 76  |
| 77 CAT SCAN - HEAD               |        |         |         |         |          | 251.20*  |         |         | 77  |
| 78 CAT SCAN - ABOOMEN            |        |         |         |         |          |          |         |         | 78  |
| 79 THREE CHEMISTRY TESTS         |        |         |         |         | 30.00    | 30.00    | 30.00   | 16.00   | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |        |         |         |         | 32.00    | 30.00    | 35.00   | 20.00   | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |        |         |         |         | 15.00    | 8.00     | 10.00   | 15.00   | 81  |
| 82 HEMOGLOBIN                    |        |         |         |         | 6.00     | 6.00     | 5.00    | 5.00    | 82  |
| 83 AUTOMATED BLOOD COUNT         |        |         |         |         | 9.00     | 14.00    | 10.00   | 14.00   | 83  |
| 84 WHITE CELL COUNT              |        |         |         |         | 7.00     | 5.00     | 5.00    |         | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |        |         |         |         | 12.00    |          | 12.00   | 11.50   | 85  |
| 86 CHOLESTEROL TEST              |        |         |         |         | 9.00     | 10.00    | 10.00   | 9.50    | 86  |
| 87 FLOCCULATION TEST             |        |         |         |         | 8.00     | 5.00     | 7.00    | 7.00    | 87  |
| 88 HEMATOCRIT                    |        |         |         |         | 5.00     | 5.00     |         | 5.50    | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |        |         |         |         | 9.00     | 8.00     | 7.00    | 7.00    | 89  |
| 90 POTASSIUM TEST - BLOOD        |        |         |         |         | 10.00    | 10.00    | 10.00   | 12.00   | 90  |
| 91 PROTHROMBIN TIME TEST         |        |         |         |         |          | 9.25     | 8.00    | 8.00    | 91  |
| 92 SEDIMENTATION RATE            |        |         |         |         | 8.00     | 7.00     | 6.00    | 7.00    | 92  |
| 93 BLOOD SUGAR                   |        |         |         |         | 9.00     | 8.30     | 9.00    | 8.00    | 93  |
| 94 BUN-UREA - NITROGEN           |        |         |         |         | 10.00    | 11.50    |         | 8.75    | 94  |
| 95 URIC ACID                     |        |         |         |         |          | 9.00     | 9.00    | 8.00    | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |        |         |         |         | 6.00     | 4.00     | 6.00    | 6.25    | 96  |
| 97 PAP TEST                      |        |         |         |         | 10.00    | 10.00    | 12.00   |         | 97  |
| 98 ROUTINE URINALYSIS            |        |         |         |         | 7.50     |          | 7.00    | 6.50    | 98  |
| 99 CHEMICAL URINALYSIS           |        |         |         |         |          |          |         |         | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |        |         |         |         | 25.00    | 18.80    | 22.00   | 20.00   | 100 |
| 101 ELEC MONITORING-PACEMAKER    |        |         |         |         | 24.10*   | 18.30*   | 18.60*  |         | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |        |         |         |         | 1250.00  | 966.50*  |         | 966.50* | 102 |
| 103 KIDNEY TRANSPLANT            |        |         |         |         | 1203.20* |          |         |         | 103 |
| 104 HOSPITAL BED - RENTAL        |        |         |         |         |          |          |         | 42.60   | 104 |
| 105 WALKER - RENTAL              |        |         |         |         | 15.00    | 15.00    | 15.00   | 239.20  | 105 |
| 106 WHEELCHAIR - RENTAL          |        |         |         |         | 26.00    | 25.00    | 26.00   | 21.00   | 106 |
| 107 LIQUID OXYGEN - RENTAL       |        |         |         |         |          |          |         |         | 107 |
| 108 HOSPITAL BED - PURCHASE      |        |         |         |         | 601.00   | 601.00   | 601.00  | 601.00* | 108 |
| 109 WALKER - PURCHASE            |        |         |         |         | 239.20   | 239.00   | 239.20  | 239.20  | 109 |
| 110 WHEELCHAIR - PURCHASE        |        |         |         |         | 304.70   | 295.00   | 306.80  | 349.40  | 110 |

OREGON



Five Localities:

01 - Portland - Aloha, Batin, Beaverton, Cedar Hills, Collins View, Powellhurst, Raleigh Hills, Riverdale, Robin Wood, Sandy Sylvan, Errol Heights, Garden Home, Gilbert, Gladstone, Glendoveer, Gresham, Hazelwood, Hillsboro, Jennings Lodge, Kelly Butte, Lake Oswego, Marlene Village, Metzger, Milwaukee, Oakgrove, Orgon City, Parkrose, Tigard, West Linn, West Portland, West Portland Park, West Powellhurst, West Slope

02 - Eugene - Glenwood, River Road, Santa Clara, Springfield, Veneta, Coos Bay and Roseburg

03 - Salem - Four Corners, Hayesville, Keizer, Cornallis, Albany, Lebanon

12 - Medford, Klamath Falls, Grant's Pass

99 - Rest of State

(Locality determined by city cited in return address.)

1982 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OREGON  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 01      | 02     | 03     | 12      | 01       | 02       | 03       | 12       |    |
|----------------------------------|---------|--------|--------|---------|----------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |        |        |         | 17.90*   | 17.90*   | 17.90*   | 17.90*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 25.00   | 28.50  | 23.50  | 20.00   | 32.00    | 35.00    | 35.00    | 36.00    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |        |        |         | 53.15*   | 46.75*   | 50.00    | 40.80*   | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 60.00   | 62.60* | 57.50  | 60.00   | 71.50*   | 71.50*   | 62.60*   | 53.70*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 9.00*   | 7.20*  | 7.50   | 9.00*   | 10.80*   | 7.20*    | 7.20*    | 7.20*    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 13.40*  | 14.30* | 12.60* | 12.60*  | 16.10*   | 14.30*   | 14.30*   | 14.30*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 17.90*  | 17.90* | 17.90* | 17.90*  | 17.90*   | 21.50*   | 17.90*   | 14.30*   | 7  |
| 8 INTERMED F/U OFFICE VISIT      | 20.00   | 26.70* | 23.00  | 18.00   | 25.00    | 26.70*   | 18.00    | 17.90*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 27.50   | 34.40* | 35.00  | 35.00   | 35.80*   | 35.80*   | 35.80*   | 34.40*   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 53.70*  | 44.70* | 53.70* | 44.70*  | 62.60*   | 53.70*   | 62.50    | 53.70*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 20.00   | 25.00  | 20.50  | 22.00   | 22.00*   | 25.00    | 24.80*   | 25.00    | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |        |        |         | 31.60*   | 35.00    | 30.75*   | 35.00    | 12 |
| 13 INTERMED F/U HOME VISIT       | 32.25*  | 25.00  | 26.70* | 32.25*  |          |          |          |          | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |        |        |         | 18.80*   | 13.70*   | 22.30*   | 15.90*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 13.40*  | 14.30* | 12.60* | 12.60*  |          |          |          |          | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 26.70*  | 26.70* | 45.00  | 26.70*  | 26.70*   | 26.70*   | 26.70*   | 26.70*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |        |        |         | 44.70*   | 44.70*   | 44.70*   | 44.70*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 62.60*  | 62.60* | 62.60* | 69.90*  | 71.50*   | 71.50*   | 71.50*   | 53.70*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 13.40*  | 13.40* | 12.60* | 12.60*  | 17.90*   | 17.90*   | 17.90*   | 16.00    | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 18.50   | 17.90* | 18.00  | 22.00   | 24.00    | 21.50*   | 24.50    | 17.90*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 22.60*  | 30.40* | 26.95* | 21.85*  | 21.85*   | 24.00*   | 20.00    | 24.75*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |        |        |         | 34.40*   | 34.40*   | 26.00*   | 42.00*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |        |        |         | 20.00    | 25.10*   | 26.50*   | 23.30*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |        |        |         | 27.00    | 34.30*   | 34.80*   | 33.00    | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |        |        |         | 45.00    | 50.80*   | 48.50    | 45.00    | 25 |
| 26 LIMITED CONSULTATION          | 21.10*  | 34.00* | 32.00  | 35.00   | 47.70*   | 49.00    | 43.00    | 41.70*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         |        |        |         | 61.50*   | 51.80*   | 57.70*   | 69.30*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |        |        |         | 86.00*   | 71.50*   | 62.60*   | 62.60*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |        |        |         | 55.60*   | 40.00*   | 49.40*   | 22.80*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |        |        |         | 40.00    | 24.85*   | 24.70*   | 14.30*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 15.00   |        |        |         | 14.00*   | 13.20*   | 16.00    | 17.00    | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |        |        |         |          | 17.10*   |          |          | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |        |        |         | 15.90    | 11.40*   | 11.40*   | 11.40*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 30.00   | 26.70* | 27.00  | 32.25*  | 26.70*   | 32.25*   | 26.70*   | 28.50    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 13.40*  | 13.40* |        | 16.10*  | 11.00    | 17.20    | 13.40*   | 13.40*   | 35 |
| 36 SPIROMETRY                    |         |        |        |         | 17.90*   | 17.90*   |          | 17.90*   | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |        |        |         | 71.50*   | 67.20*   | 62.60*   | 67.20*   | 37 |
| 38 CHEMOTHERAPY                  |         |        |        |         | 21.80*   | 27.70*   | 19.00*   | 18.60*   | 38 |
| 39 COLLECTION OF SPECIMENS       |         |        |        |         | 6.50     |          |          |          | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |        |        |         | 16.00    | 18.00    | 16.00    | 14.00    | 40 |
| 41 SKIN BIOPSY                   |         |        |        |         | 37.00    | 26.70*   | 32.90*   | 23.70*   | 41 |
| 42 CHEMOCAUTERY                  |         |        |        |         | 25.00    | 17.90*   | 21.50*   | 26.70*   | 42 |
| 43 RADICAL MASTECTOMY            |         |        |        |         |          |          |          |          | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |        |        |         | 1002.40* | 1002.40* | 814.50*  | 1002.40* | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 26.70*  | 26.70* | 22.50* | 26.70*  | 32.25*   | 25.00    | 32.25*   | 25.10*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         |        |        |         |          |          |          |          | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |        |        |         | 1879.30* | 1879.30* | 1879.30* | 1637.60* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |        |        |         | 26.70*   | 21.80*   | 21.80*   | 21.80*   | 48 |
| 49 BRONCHOSCOPY                  |         |        |        |         | 179.00*  | 163.80*  | 152.25*  | 179.00*  | 49 |
| 50 THORACENTESIS                 |         |        |        |         | 44.70*   | 44.70*   | 38.00*   | 44.70*   | 50 |
| 51 CATHETERIZATION OF HEART      |         |        |        |         | 537.00*  | 418.00   |          | 537.00*  | 51 |
| 52 INSERTION OF PACEMAKER        |         |        |        |         | 715.00   | 660.00*  | 1102.35* | 680.20*  | 52 |
| 53 PARTIAL COLECTOMY             |         |        |        |         | 930.60*  | 873.30*  | 805.40*  | 859.20*  | 53 |
| 54 APPENDECTOMY                  | 358.00* | 113.00 | 498.80 | 106.40* | 501.20*  | 492.30*  | 447.50*  | 436.70*  | 54 |
| 55 SIGMOIDOSCOPY                 |         |        |        |         | 32.25*   | 35.80*   | 35.80*   | 31.00    | 55 |



1982 PREVAILING CHARGE SUMMARY DATA      AETNA LIFE AND CASUALTY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

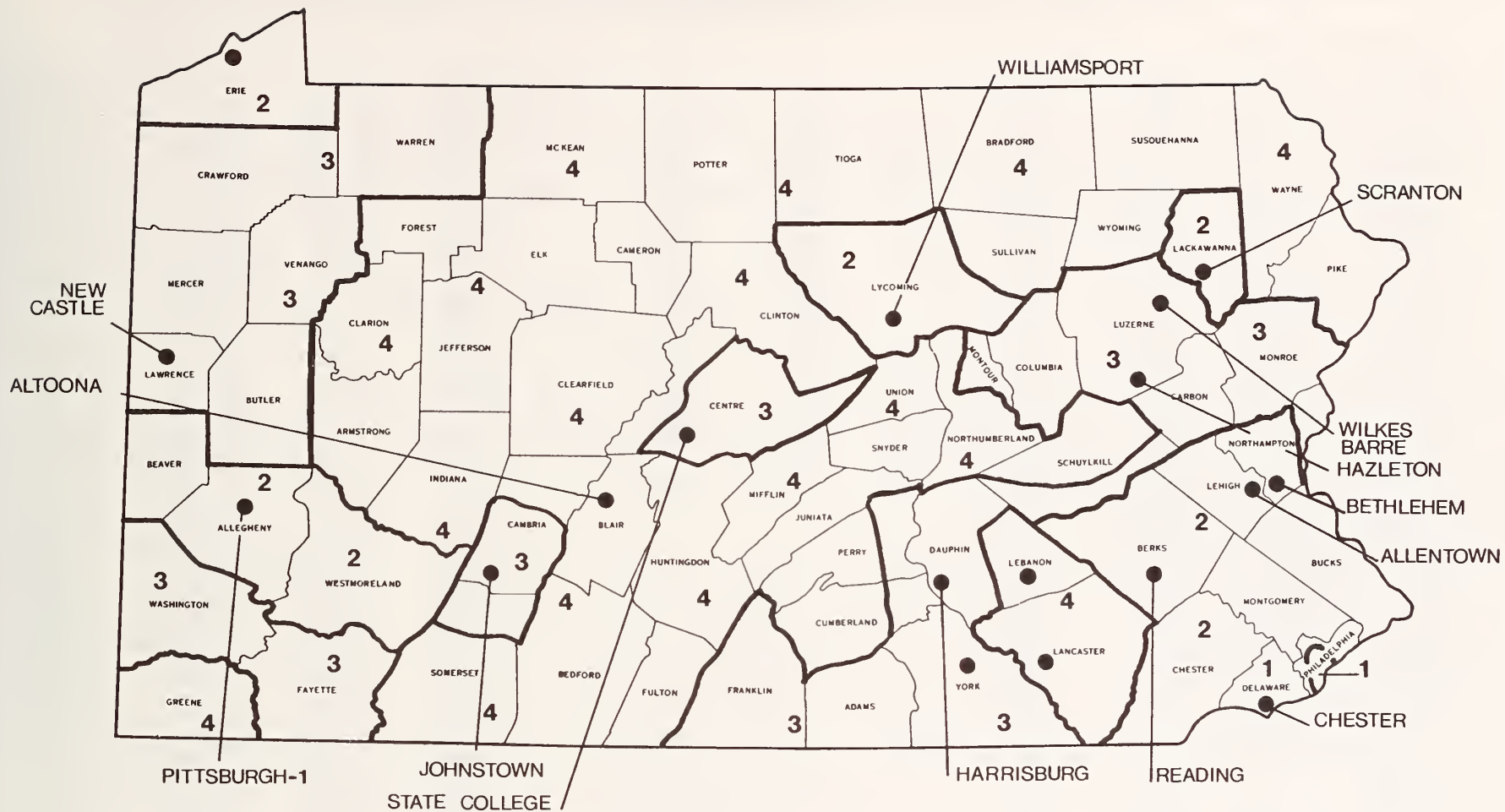
OREGON  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 01      | 02     | 03      | 12     | 01       | 02       | 03       | 12       |     |
|----------------------------------|---------|--------|---------|--------|----------|----------|----------|----------|-----|
| 56 HEMORRHOIDECTOMY              |         |        |         |        | 416.00   | 327.50*  | 295.30*  | 327.50*  | 56  |
| 57 CHOLECYSTECTOMY               |         |        |         |        | 715.90*  | 800.00   | 626.50*  | 713.70*  | 57  |
| 58 REPAIR HERNIA                 |         |        |         |        | 447.50*  | 447.50*  | 358.00*  | 375.90*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 56.60*  | 60.00  | 74.60*  |        | 89.60*   | 60.00    | 56.60*   | 56.00    | 59  |
| 60 DILATION OF URETHRA           |         |        |         |        | 21.00    | 23.20*   | 21.50*   | 19.00    | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         |        |         |        | 859.20*  | 787.40*  | 859.20*  | 805.40*  | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 893.70* |        | 749.30* |        | 930.60*  | 787.40*  | 787.40*  | 859.20*  | 62  |
| 63 HYSTERECTOMY                  |         |        |         |        | 805.40*  | 859.20*  | 626.50*  | 764.30*  | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |        |         |        | 35.20    | 35.80*   | 28.60*   | 32.25*   | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |        |         |        | 35.50*   | 36.50*   | 31.40*   | 29.40*   | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |        |         |        | 14.30*   | 14.30*   | 14.30*   | 11.00    | 66  |
| 67 EXTRACTION OF LENS            | 164.30* |        |         |        | 894.90*  | 894.90*  | 894.90*  | 859.20*  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 21.50*  | 22.50* | 21.00   | 20.60* | 17.90*   | 19.70*   | 25.00    | 19.70*   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 28.60*  | 26.70* | 30.50*  | 33.10* | 29.50*   | 29.50*   | 32.25*   | 29.50*   | 69  |
| 70 X-RAY SPINE                   |         |        |         |        | 32.25*   | 29.50*   | 35.80*   | 35.80*   | 70  |
| 71 X-RAY HIP                     |         |        |         |        | 32.25*   | 33.90*   | 32.25*   | 32.25*   | 71  |
| 72 X-RAY UPPER GI TRACT          | 62.60*  | 44.70* | 68.00*  | 65.60* | 62.60*   | 59.10*   | 68.00*   | 58.10*   | 72  |
| 73 X-RAY COLON                   |         |        |         |        | 62.60*   | 49.20*   | 68.00*   | 49.20*   | 73  |
| 74 RADIATION THERAPY-LOW VOLT    |         |        |         |        | 29.50*   |          |          |          | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |         |        |         |        |          |          |          |          | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         |        |         |        |          |          |          |          | 76  |
| 77 CAT SCAN - HEAD               |         |        |         |        |          | 390.00   |          |          | 77  |
| 78 CAT SCAN - ABDOMEN            |         |        |         |        |          |          |          |          | 78  |
| 79 THREE CHEMISTRY TESTS         |         |        |         |        | 16.40*   | 23.50    | 13.50    | 20.75    | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |        |         |        | 16.40*   |          | 24.75    | 18.00    | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         |        |         |        | 14.50    | 20.00    | 13.25    | 10.00    | 81  |
| 82 HEMOGLOBIN                    |         |        |         |        | 5.25     | 5.75     | 4.50     | 4.50     | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |        |         |        | 15.50    | 13.00    | 6.50     |          | 83  |
| 84 WHITE CELL COUNT              |         |        |         |        |          | 6.00     | 4.25     | 4.50     | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |        |         |        | 11.25    |          | 13.00    | 13.00    | 85  |
| 86 CHOLESTEROL TEST              |         |        |         |        | 10.50    |          | 12.00    | 11.00    | 86  |
| 87 FLOCCULATION TEST             |         |        |         |        | 5.00     | 8.00     | 5.60     | 6.50     | 87  |
| 88 HEMATOCRIT                    |         |        |         |        | 5.00     | 6.00     | 5.50     | 6.00     | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |        |         |        | 8.25     | 8.00     | 10.00    | 10.00    | 89  |
| 90 POTASSIUM TEST - BLOOD        |         |        |         |        | 8.00     | 11.50    | 11.25    | 11.60*   | 90  |
| 91 PROTHROMBIN TIME TEST         |         |        |         |        | 8.00     | 9.00     |          | 9.00     | 91  |
| 92 SEDIMENTATION RATE            |         |        |         |        | 5.00     | 8.00     | 5.00     | 7.70     | 92  |
| 93 BLOOD SUGAR                   |         |        |         |        | 8.00     | 10.00    | 8.00     |          | 93  |
| 94 BUN-UREA - NITROGEN           |         |        |         |        | 9.25     | 16.75    | 6.50     |          | 94  |
| 95 URIC ACID                     |         |        |         |        | 10.00    | 12.00    | 11.00    | 10.50    | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |         |        |         |        | 5.00     | 5.00     | 4.50     | 4.50     | 96  |
| 97 PAP TEST                      |         |        |         |        | 9.00     | 9.50     | 7.25     | 11.00    | 97  |
| 98 ROUTINE URINALYSIS            |         |        |         |        | 6.70*    | 7.60     | 6.50     | 7.00     | 98  |
| 99 CHEMICAL URINALYSIS           |         |        |         |        | 5.00     | 5.50     | 4.00     | 4.00     | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |        |         |        | 26.00    | 29.00    |          |          | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |        |         |        | 27.50    | 30.00    |          |          | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |        |         |        | 1091.90* | 1073.90* | 1073.90* | 1073.90* | 102 |
| 103 KIDNEY TRANSPLANT            |         |        |         |        | 1549.10* |          |          |          | 103 |
| 104 HOSPITAL BED - RENTAL        |         |        |         |        |          | 44.00    |          |          | 104 |
| 105 WALKER - RENTAL              |         |        |         |        | 10.00    | 10.00    | 10.00    |          | 105 |
| 106 WHEELCHAIR - RENTAL          |         |        |         |        | 27.50    | 27.50    | 27.50    | 27.50    | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         |        |         |        | 80.00    |          | 80.00    |          | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |        |         |        | 724.60   |          |          | 44.00    | 108 |
| 109 WALKER - PURCHASE            |         |        |         |        | 49.50    | 49.50    | 49.50    |          | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |        |         |        | 296.00   | 296.00   | 293.00   |          | 110 |



PENNSYLVANIA

# PENNSYLVANIA



## Four Localities:

- 01 - Areas of Medical Schools/Specialty Hospitals
- 02 - Major Metropolitan Areas
- 03 - Lesser Metropolitan Areas
- 04 - Urban Areas

Note exceptions for Pittsburgh and Philadelphia in Appendix A

1982 PREVAILING CHARGE SUMMARY DATA PENNSYLVANIA B/S  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

PENNSYLVANIA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 1       | 2       | 3       | 4       | 1        | 2        | 3        | 4        |    |
|----------------------------------|---------|---------|---------|---------|----------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |         |         |         | 20.00    | 20.00    | 17.00    | 15.00    | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 16.00   | 16.00   | 15.00   | 14.00   | 25.00    | 22.00    | 20.00    | 18.00    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |         |         | 25.00    | 22.00    | 20.00    | 18.00    | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 44.70*  | 45.00   | 35.00   | 33.00   | 71.60*   | 70.00    | 60.00    | 55.00    | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 5.00    | 5.00    | 5.00    | 5.00    | 5.00     | 10.00    | 5.00     | 7.00     | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 14.00   | 15.00   | 14.00   | 12.00   | 20.00    | 20.00    | 17.00    | 15.00    | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 16.00   | 16.00   | 15.00   | 14.00   | 25.00    | 22.00    | 20.00    | 18.00    | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 16.00   | 16.00   | 15.00   | 14.00   | 25.00    | 22.00    | 20.00    | 18.00    | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 15.00   | 15.00   | 32.00   | 15.00   | 46.00    | 40.00    | 35.00    | 50.00    | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 44.70*  | 45.00   | 35.00   | 33.00   | 71.60*   | 70.00    | 60.00    | 55.00    | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 17.90*  | 17.90*  | 16.25   | 15.00   | 15.00    | 17.90*   | 17.90*   | 17.90*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |         |         |         | 21.50*   | 21.50*   | 17.90*   | 17.90*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 21.50*  | 20.00   | 17.90*  | 17.90*  | 21.50*   | 21.50*   | 17.90*   | 17.90*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |         |         | 17.90*   | 17.90*   | 15.00    | 14.00    | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 14.00   | 15.00   | 12.00   | 12.00   | 13.00    | 17.90*   | 15.00    | 8.00     | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 50.00   | 35.00   | 35.00   | 35.00   | 35.00    | 50.00    | 53.70*   | 44.70*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         |         |         | 29.00    | 25.00    | 25.00    | 20.00    | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 60.00   | 50.00   | 53.70*  | 50.00   | 89.50*   | 75.00    | 62.60*   | 62.60*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 17.00   | 15.00   | 15.00   | 12.00   | 22.00    | 17.90*   | 17.90*   | 15.00    | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 25.00*  | 17.90*  | 17.90*  | 15.00   | 29.00    | 25.00    | 25.00    | 20.00    | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 25.00*  | 17.90*  | 17.90*  | 15.00   | 29.00    | 25.00    | 25.00    | 20.00    | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         |         |         | 50.00    | 60.00    | 44.70*   | 44.70*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |         |         |         | 20.00    | 20.00    | 17.00    | 15.00    | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         |         |         | 25.00    | 22.00    | 20.00    | 18.00    | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |         |         |         | 25.00    | 22.00    | 20.00    | 18.00    | 25 |
| 26 LIMITED CONSULTATION          | 15.00   | 13.10*  | 7.50*   | 12.30*  | 15.00    | 13.60*   | 14.30*   | 15.00    | 26 |
| 27 EXTENSIVE CONSULTATION        |         |         |         |         | 15.00    | 13.60*   | 14.30*   | 15.00    | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |         |         |         | 89.50*   | 80.00    | 71.60*   | 65.00    | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |         |         |         | 60.00    | 60.00    | 60.00    | 40.00    | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |         |         |         | 40.00    | 40.00    | 35.00    | 30.00    | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 11.80*  | 15.00*  | 10.90*  | 12.20*  | 14.50    | 12.00    | 10.00*   | 10.00    | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |         |         |         | 20.00    | 20.00    | 20.00    | 20.00    | 32 |
| 33 F/U PEDIATRIC OFFICE VISIT    |         |         |         |         | 17.00    | 15.00    | 14.30*   | 12.50*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 30.00   | 35.00   | 32.00   | 30.00   | 30.00    | 30.00    | 35.00    | 30.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 15.00   | 20.00*  | 15.00   | 15.00   | 20.00*   | 12.50*   | 17.90*   | 15.00    | 35 |
| 36 SPIROMETRY                    |         |         |         |         | 30.00    | 20.00    | 35.00    | 30.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |         |         |         | 62.60*   | 60.00    | 60.00    | 60.00    | 37 |
| 38 CHEMOTHERAPY                  |         |         |         |         | 30.00    | 20.00    | 15.00    | 25.00    | 38 |
| 39 COLLECTION OF SPECIMENS       |         |         |         |         | 3.00     | 3.00     | 3.00     | 3.00     | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |         |         |         | 25.00*   | 25.00*   | 25.00*   | 25.00*   | 40 |
| 41 SKIN BIOPSY                   |         |         |         |         | 100.00   | 100.00   | 100.00   | 100.00   | 41 |
| 42 CHEMOCAUTERY                  |         |         |         |         | 50.00    | 50.00    | 50.50*   | 60.00    | 42 |
| 43 RADICAL MASTECTOMY            |         |         |         |         | 894.90*  | 894.90*  | 716.00*  | 626.50*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |         |         |         | 1090.00  | 1073.90* | 769.70*  | 894.90*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 25.00   | 25.00   | 26.80*  | 25.00   | 25.00    | 30.00    | 40.00    | 25.00    | 45 |
| 46 CORONARY ARTERY BYPASS        |         |         |         |         | 3416.40* | 3456.70* | 3322.60* | 3356.80* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         |         |         | 1650.00  | 1650.00  | 1650.00  | 1650.00  | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |         |         |         | 45.00    | 35.00    | 35.00    | 50.00    | 48 |
| 49 BRONCHOSCOPY                  |         |         |         |         | 179.00*  | 179.00*  | 179.00*  | 175.00   | 49 |
| 50 THORACENTESIS                 |         |         |         |         | 89.50*   | 89.50*   | 89.50*   | 89.50*   | 50 |
| 51 CATHETERIZATION OF HEART      |         |         |         |         | 500.00   | 537.00*  | 447.50*  | 500.00   | 51 |
| 52 INSERTION OF PACEMAKER        |         |         |         |         | 1250.00* | 1127.00  | 1200.00  | 1250.00* | 52 |
| 53 PARTIAL COLECTOMY             |         |         |         |         | 1163.40* | 1073.90* | 894.90*  | 859.20*  | 53 |
| 54 APPENDECTOMY                  | 358.00* | 447.50* | 358.00* | 358.00* | 447.50*  | 402.70*  | 375.90*  | 358.00*  | 54 |
| 55 SIGMOIDOSCOPY                 |         |         |         |         | 60.00    | 44.70*   | 44.70*   | 50.00    | 55 |

1982 PREVAILING CHARGE SUMMARY DATA PENNSYLVANIA B/S  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

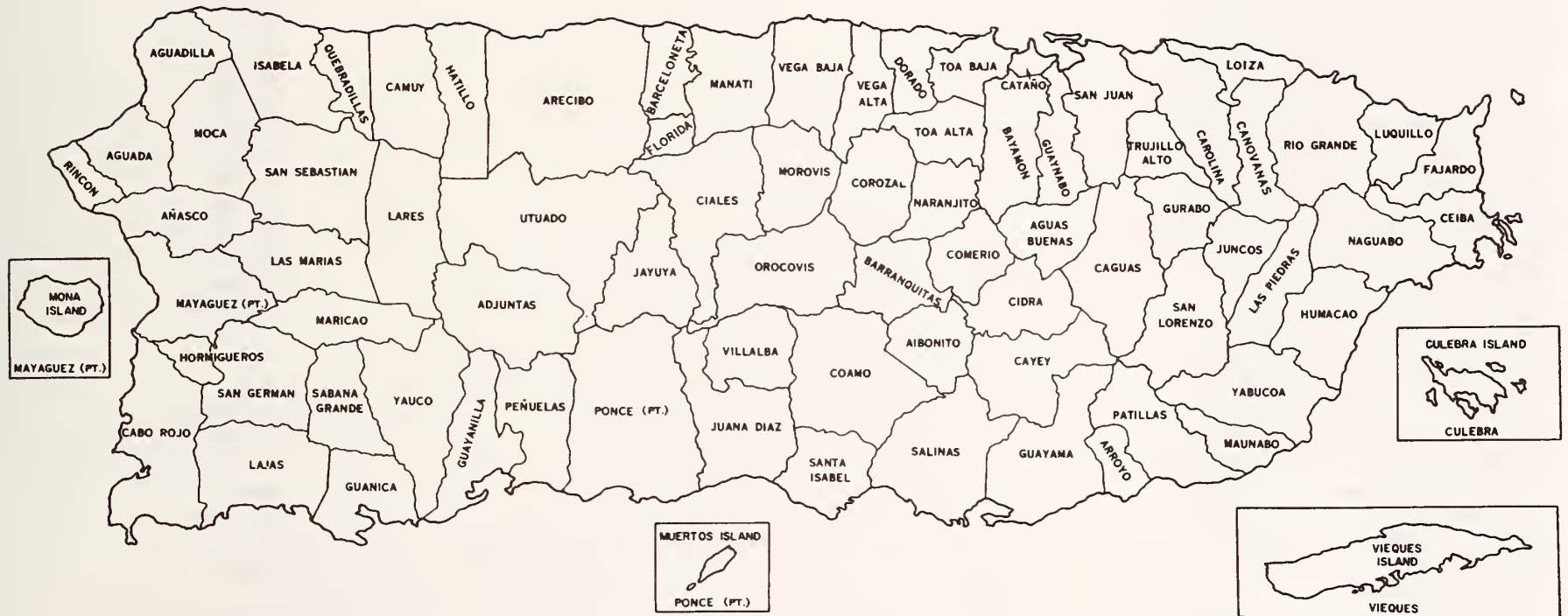
PENNSYLVANIA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 1       | 2       | 3       | 4       | 1       | 2       | 3       | 4       |     |
|----------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|-----|
| 56 HEMORRHOIODECTOMY             |         |         |         |         | 358.00* | 358.00* | 295.30* | 313.20* | 56  |
| 57 CHOLECYSTECTOMY               |         |         |         |         | 716.00* | 716.00* | 626.50* | 590.70* | 57  |
| 58 REPAIR HERNIA                 |         |         |         |         | 447.50* | 447.50* | 402.70* | 375.90* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 85.00   | 85.00   | 80.00   | 53.70*  | 85.00   | 85.00   | 80.00   | 89.00   | 59  |
| 60 DILATION OF URETHRA           |         |         |         |         | 26.80*  | 20.00   | 17.90*  | 17.90*  | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         |         |         |         | 894.90* | 894.90* | 805.50* | 836.00  | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 859.20* | 805.50* | 716.00* | 805.50* | 894.90* | 894.90* | 859.20* | 805.50* | 62  |
| 63 HYSTERECTOMY                  |         |         |         |         | 805.50* | 805.50* | 716.00* | 716.00* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |         |         |         | 30.00   | 30.00   | 25.00   | 24.00   | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |         |         |         | 37.00   | 32.00   | 28.00   | 28.00   | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |         |         |         | 15.00   | 10.00*  | 15.00*  | 15.20*  | 66  |
| 67 EXTRACTION OF LENS            | 894.90* | 716.00* | 805.50* | 760.70* | 894.90* | 805.50* | 805.50* | 805.50* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 25.00   | 25.00   | 25.00   | 30.00   | 30.00   | 34.00   | 26.80*  | 15.00   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 50.10*  | 40.00   | 35.00   | 28.00   | 40.00   | 39.40*  | 35.00   | 35.00   | 69  |
| 70 X-RAY SPINE                   |         |         |         |         | 50.00   | 60.00   | 60.00   | 45.00   | 70  |
| 71 X-RAY HIP                     |         |         |         |         | 35.80*  | 35.00   | 35.80*  | 26.80*  | 71  |
| 72 X-RAY UPPER GI TRACT          | 68.00   | 68.00   | 68.00   | 68.00   | 85.00   | 80.50*  | 71.60*  | 62.60*  | 72  |
| 73 X-RAY COLON                   |         |         |         |         | 80.00   | 62.60*  | 62.60*  | 62.60*  | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 55.00   | 35.00   | 55.00   | 24.00   | 62.00*  | 30.00   | 55.00   | 24.00   | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  | 80.00*  | 80.00   | 70.00   | 36.00   | 80.00   | 80.00   | 70.00   | 36.00   | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         |         |         |         | 84.20   | 50.00   | 90.00   | 65.00   | 76  |
| 77 CAT SCAN - HEAD               |         |         |         |         | 375.00  | 350.00  | 350.00  | 350.00  | 77  |
| 78 CAT SCAN - ABDOMEN            |         |         |         |         | 350.00  | 375.00  | 350.00  | 350.00  | 78  |
| 79 THREE CHEMISTRY TESTS         |         |         |         |         | 13.70   | 13.70   | 13.70   | 13.70   | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |         |         |         | 25.00   | 25.00   | 25.00   | 25.00   | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         |         |         |         | 10.00   | 8.00    | 7.00    | 7.00    | 81  |
| 82 HEMOGLOBIN                    |         |         |         |         | 3.00L   | 3.00L   | 2.00L   | 2.00L   | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |         |         |         | 8.00L   | 7.20L   | 7.00L   | 7.00L   | 83  |
| 84 WHITE CELL COUNT              |         |         |         |         | 3.00L   | 4.00L   | 2.50L   | 2.00L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |         |         |         | 8.00L   | 7.20L   | 7.00L   | 7.00L   | 85  |
| 86 CHOLESTEROL TEST              |         |         |         |         | 5.00L   | 5.50L   | 6.00L   | 5.00L   | 86  |
| 87 FLOCCULATION TEST             |         |         |         |         | 5.70    | 7.00*   | 6.00    | 7.00*   | 87  |
| 88 HEMATOCRIT                    |         |         |         |         | 3.00L   | 2.20L   | 2.50L   | 2.50L   | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |         |         |         | 8.00    | 7.50    | 8.00*   | 7.00    | 89  |
| 90 POTASSIUM TEST - BLOOD        |         |         |         |         | 8.00*   | 8.00*   | 7.00    | 8.00    | 90  |
| 91 PROTHROMBIN TIME TEST         |         |         |         |         | 5.00L   | 5.50L   | 5.00L   | 5.00L   | 91  |
| 92 SEDIMENTATION RATE            |         |         |         |         | 5.00    | 5.00L   | 5.00L   | 6.00L   | 92  |
| 93 BLOOD SUGAR                   |         |         |         |         | 5.00L   | 5.00L   | 5.00L   | 5.00L   | 93  |
| 94 BUN-UREA - NITROGEN           |         |         |         |         | 5.00L   | 5.00L   | 5.00L   | 6.00*   | 94  |
| 95 URIC ACID                     |         |         |         |         | 5.00L   | 5.70L   | 6.00L   | 7.00*   | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |         |         |         |         | 5.00    | 5.00    | 5.00    | 4.00    | 96  |
| 97 PAP TEST                      |         |         |         |         | 6.50L   | 6.00L   | 6.00L   | 7.00L   | 97  |
| 98 ROUTINE URINALYSIS            |         |         |         |         | 4.00L   | 4.00L   | 4.00L   | 3.00L   | 98  |
| 99 CHEMICAL URINALYSIS           |         |         |         |         | 6.00*   | 5.00    | 5.00    | 6.00*   | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |         |         |         | 25.00   | 25.00   | 25.00   | 22.00   | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |         |         |         | 30.00   | 30.00   | 30.00   | 30.00   | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |         |         |         | 1015.00 | 1015.00 | 1015.00 | 1015.00 | 102 |
| 103 KIDNEY TRANSPLANT            |         |         |         |         | 1728.80 | 1728.80 | 1728.80 | 1728.80 | 103 |
| 104 HOSPITAL BED - RENTAL        |         |         |         |         | 60.00   | 50.00L  | 48.00L  | 65.00   | 104 |
| 105 WALKER - RENTAL              |         |         |         |         | 17.00   | 15.00   | 17.00   | 15.00   | 105 |
| 106 WHEELCHAIR - RENTAL          |         |         |         |         | 35.00L  | 33.00   | 34.40   | 35.00   | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         |         |         |         | 65.00   | 65.00   | 65.00   | 80.00   | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |         |         |         | 350.00L | 350.00L | 350.00L | 350.00L | 108 |
| 109 WALKER - PURCHASE            |         |         |         |         | 33.00   | 39.50   | 43.00   | 43.00   | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |         |         |         | 219.00L | 219.00L | 219.00L | 219.00L | 110 |

PUERTO RICO



# PUERTO RICO 1973 Municipios



| PROCEDURE DESCRIPTION            | AREA 1   |    |
|----------------------------------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     | 15.00    | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 15.00    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  | 15.00    | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 15.00    | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 15.00    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 15.00    | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 15.00    | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 20.00    | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 20.00    | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 15.00    | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 20.00    | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   | 20.00    | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 20.00    | 13 |
| 14 EXTENDED CARE FACILITY VISIT  | 10.00    | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 22.40*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 25.00    | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  | 40.00    | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 25.00    | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 15.00    | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 15.00    | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 15.00    | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   | 19.00*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    | 31.30*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  | 31.30*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT | 31.30*   | 25 |
| 26 LIMITED CONSULTATION          | 40.00    | 26 |
| 27 EXTENSIVE CONSULTATION        | 40.00    | 27 |
| 28 COMPREHENSIVE CONSULTATION    | 30.00    | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        | 40.00    | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |          | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |          | 31 |
| 32 INITIAL PHYSIOTHERAPY         | 30.00    | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    | 18.30*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 30.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 20.00    | 35 |
| 36 SPIROMETRY                    |          | 36 |
| 37 ELECTROENCEPHALOGRAPH (EEG)   | 50.00    | 37 |
| 38 CHEMOTHERAPY                  | 22.80*   | 38 |
| 39 COLLECTION OF SPECIMENS       |          | 39 |
| 40 DEBRIDEMENT OF NAILS          |          | 40 |
| 41 SKIN BIOPSY                   | 44.80*   | 41 |
| 42 CHEMOCAUTERY                  |          | 42 |
| 43 RADICAL MASTECTOMY            | 1075.90* | 43 |
| 44 OPEN REDUCTION OF FRACTURE    | 825.20*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    |          | 45 |
| 46 CORONARY ARTERY BYPASS        | 443.10*  | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  | 1031.50* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |          | 48 |
| 49 BRONCHOSCOPY                  | 154.80*  | 49 |
| 50 THORACENTESIS                 |          | 50 |
| 51 CATHETERIZATION OF HEART      |          | 51 |
| 52 INSERTION OF PACEMAKER        | 896.60*  | 52 |
| 53 PARTIAL COLECTOMY             | 1200.00  | 53 |
| 54 APPENDECTOMY                  | 450.00   | 54 |
| 55 SIGMOIDOSCOPY                 | 30.00    | 55 |

| PROCEDURE DESCRIPTION            | AREA 1   |     |
|----------------------------------|----------|-----|
| 56 HEMORRHOIDECTOMY              | 368.40*  | 56  |
| 57 CHOLECYSTECTOMY               | 220.00   | 57  |
| 58 REPAIR HERNIA                 | 120.00   | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 70.80*   | 59  |
| 60 DILATION OF URETHRA           |          | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    | 249.20*  | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 1072.40* | 62  |
| 63 HYSTERECTOMY                  | 123.70*  | 63  |
| 64 INITIAL COMPLETE EYE EXAM     | 19.70*   | 64  |
| 65 COMPREHENSIVE EYE EXAM        | 25.70*   | 65  |
| 66 EYE EXAM WITH TONOMETRY       | 18.20*   | 66  |
| 67 EXTRACTION OF LENS            | 200.00   | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 16.00    | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 30.00    | 69  |
| 70 X-RAY SPINE                   | 35.00    | 70  |
| 71 X-RAY HIP                     | 25.00    | 71  |
| 72 X-RAY UPPER GI TRACT          | 65.00    | 72  |
| 73 X-RAY COLON                   | 70.00    | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 20.00    | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  | 60.00    | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    | 60.00    | 76  |
| 77 CAT SCAN - HEAD               | 250.00   | 77  |
| 78 CAT SCAN - ABDOMEN            | 275.00   | 78  |
| 79 THREE CHEMISTRY TESTS         | 30.00    | 79  |
| 80 NINETEEN CHEMISTRY TESTS      | 60.00    | 80  |
| 81 CULTURE - OTHER THAN BLOOD    | 20.00    | 81  |
| 82 HEMOGLOBIN                    | 2.00L    | 82  |
| 83 AUTOMATED BLOOD COUNT         |          | 83  |
| 84 WHITE CELL COUNT              | 6.00L    | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    | 7.00L    | 85  |
| 86 CHOLESTEROL TEST              | 6.00L    | 86  |
| 87 FLOCCULATION TEST             | 43.00    | 87  |
| 88 HEMATOCRIT                    | 2.00L    | 88  |
| 89 PLATELET COUNT (REES-ECKER)   | 7.00     | 89  |
| 90 POTASSIUM TEST - BLOOD        | 12.00    | 90  |
| 91 PROTHROMBIN TIME TEST         | 6.55L    | 91  |
| 92 SEDIMENTATION RATE            | 5.00L    | 92  |
| 93 BLOOD SUGAR                   | 5.00L    | 93  |
| 94 BUN-UREA - NITROGEN           | 6.00L    | 94  |
| 95 URIC ACID                     | 5.50L    | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |          | 96  |
| 97 PAP TEST                      | 10.00L   | 97  |
| 98 ROUTINE URINALYSIS            | 4.00L    | 98  |
| 99 CHEMICAL URINALYSIS           | 4.00L    | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  | 25.00    | 100 |
| 101 ELEC MONITORING-PACEMAKER    |          | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |          | 102 |
| 103 KIDNEY TRANSPLANT            |          | 103 |
| 104 HOSPITAL BED - RENTAL        | 38.00L   | 104 |
| 105 WALKER - RENTAL              | 55.00    | 105 |
| 106 WHEELCHAIR - RENTAL          | 30.00L   | 106 |
| 107 LIQUID OXYGEN - RENTAL       |          | 107 |
| 108 HOSPITAL BED - PURCHASE      | 290.00L  | 108 |
| 109 WALKER - PURCHASE            | 55.00    | 109 |
| 110 WHEELCHAIR - PURCHASE        |          | 110 |

RHODE ISLAND

## RHODE ISLAND



One Locality - Statewide



1982 PREVAILING CHARGE SUMMARY DATA      B/S OF RHOEE ISLAND  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

RHOEE ISLAND  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEOUR DESCRIPTION             | SINGLE | SINGLE   |    |
|----------------------------------|--------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |        | 29.48*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 26.85* | 62.65*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |        | 29.48*   | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 35.00  | 62.65*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 14.32* | 15.00    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 14.32* | 17.90*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 17.90* | 26.85*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 17.90* | 26.85*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 21.48* | 26.85*   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 26.85* | 44.75*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 21.48* | 25.00    | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |        | 26.85*   | 12 |
| 13 INTERMDIATE F/U HOME VISIT    | 21.48* | 26.85*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |        | 26.85*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 14.32* | 17.90*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 44.75* | 62.65*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |        | 62.65*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 44.75* | 62.65*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 17.90* | 17.90*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 25.00  | 26.85*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 25.00  | 26.85*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |        | 29.48*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |        | 29.19    | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |        | 29.19    | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |        | 29.19    | 25 |
| 26 LIMITED CONSULTATION          | 44.75* | 30.00    | 26 |
| 27 EXTENSIVE CONSULTATION        |        | 60.00    | 27 |
| 28 COMPREHENSIVE CONSULTATION    |        | 62.65*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |        | 62.65*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |        | 35.80*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 13.65* | 13.65*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |        | 26.85*   | 32 |
| 33 F/U POOIATRIC OFFICE VISIT    |        | 17.90*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 35.00  | 34.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 9.41 P | 9.41 P   | 35 |
| 36 SPIROMETRY                    |        | 26.85*   | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |        | 65.00    | 37 |
| 38 CHEMOTHERAPY                  |        |          | 38 |
| 39 COLLECTION OF SPECIMENS       |        | 3.00     | 39 |
| 40 OEBRIOEMENT OF NAILS          |        | 25.00    | 40 |
| 41 SKIN BIOPSY                   |        | 44.75*   | 41 |
| 42 CHEMOCAUTERY                  |        | 44.75*   | 42 |
| 43 RADICAL MASTECTOMY            |        | 746.43*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |        | 939.75*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 26.85* | 35.80*   | 45 |
| 46 CORONARY ARTERY BYPASS        |        | 2244.80* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |        | 1074.00* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |        | 26.85*   | 48 |
| 49 BRONCHOSCOPY                  |        | 223.75*  | 49 |
| 50 THORACENTESIS                 |        | 53.70*   | 50 |
| 51 CATHERIZATION OF HEART        |        | 492.25*  | 51 |
| 52 INSERTION OF PACEMAKER        |        | 533.42*  | 52 |
| 53 PARTIAL COLECTOMY             |        | 1163.50* | 53 |
| 54 APPENDECTOMY                  |        | 447.50*  | 54 |
| 55. SIGMOIDOSCOPY                |        | 44.75*   | 55 |

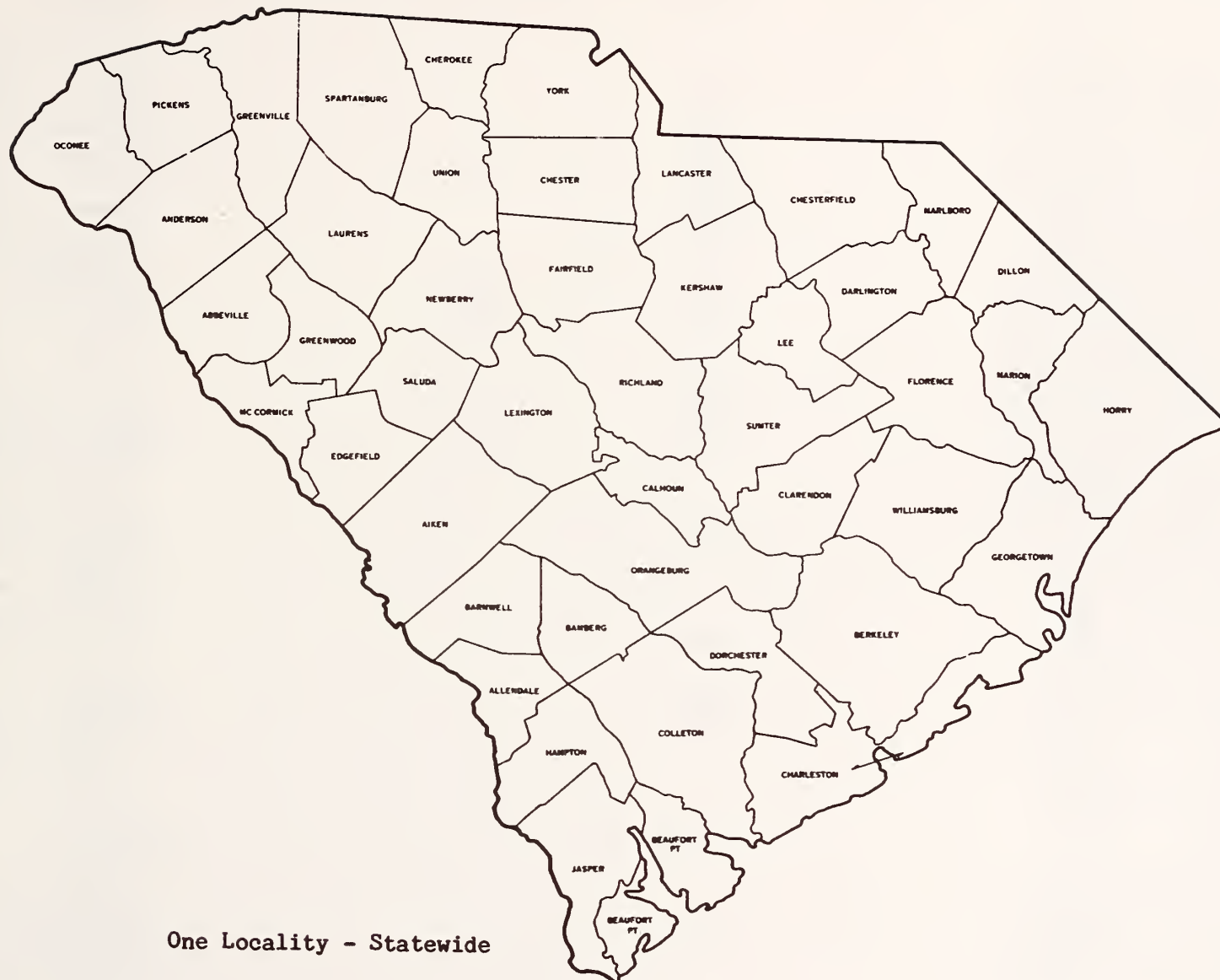
1982 PREVAILING CHARGE SUMMARY DATA B/S OF RHODE ISLAND  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

RHOODE ISLAND  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | SINGLE  | SINGLE  |     |
|----------------------------------|---------|---------|-----|
| 56 HEMORRHOIOECTOMY              |         | 447.50* | 56  |
| 57 CHOLECYSTECTOMY               |         | 805.50* | 57  |
| 58 REPAIR HERNIA                 |         | 447.50* | 58  |
| 59 DIAGNOSTIC CYSTDURETHRDSCDPY  | 89.50*  | 89.50*  | 59  |
| 60 DILATION OF URETHRA           |         | 26.85*  | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         | 955.86* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 805.50* | 805.50* | 62  |
| 63 HYSTERECTOMY                  |         | 800.00  | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         | 26.85*  | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         | 26.85*  | 65  |
| 66 EYE EXAM WITH TDNDMETRY       |         | 13.42*  | 66  |
| 67 EXTRACTION OF LENS            | 800.00  | 800.00  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 26.85*  | 17.90*  | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 26.85*  | 26.85*  | 69  |
| 70 X-RAY SPINE                   |         | 35.80*  | 70  |
| 71 X-RAY HIP                     |         | 26.85*  | 71  |
| 72 X-RAY UPPER GI TRACT          | 62.65*  | 62.65*  | 72  |
| 73 X-RAY CDLON                   |         | 53.70*  | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 17.90   | 17.90   | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  | 55.00   | 55.00   | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         | 55.00   | 76  |
| 77 CAT SCAN - HEAO               |         | 62.65*  | 77  |
| 78 CAT SCAN - ABDDMEN            |         |         | 78  |
| 79 THREE CHEMISTRY TESTS         |         | 15.10   | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |         | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         | 10.00   | 81  |
| 82 HEMDGLDBIN                    |         | 2.00L   | 82  |
| 83 AUTOMATED BLOOD COUNT         |         | 9.90L   | 83  |
| 84 WHITE CELL COUNT              |         | 4.00L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         | 9.90L   | 85  |
| 86 CHOLESTEROL TEST              |         | 6.00L   | 86  |
| 87 FLOCCULATION TEST             |         | 8.00    | 87  |
| 88 HEMATOCRIT                    |         | 3.00L   | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         | 7.00    | 89  |
| 90 POTASSIUM TEST - BLDDD        |         | 9.00    | 90  |
| 91 PROTHROMBIN TIME TEST         |         | 7.00L   | 91  |
| 92 SEDIMENTATION RATE            |         | 5.00L   | 92  |
| 93 BLOOD SUGAR                   |         | 7.00L   | 93  |
| 94 BUN-UREA - NITRDGEN           |         | 6.00L   | 94  |
| 95 URIC ACIO                     |         | 6.00L   | 95  |
| 96 FECES-OCULT BLOOD-SCREENING   |         | 6.00    | 96  |
| 97 PAP TEST                      |         | 5.00L   | 97  |
| 98 ROUTINE URINALYSIS            |         | 5.00L   | 98  |
| 99 CHEMICAL URINALYSIS           |         | 3.00    | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         | 25.00   | 100 |
| 101 ELEC MDNITORING-PACEMAKER    |         | 25.00   | 101 |
| 102 OONOR NEPHRECTOMY-UNILATERAL |         |         | 102 |
| 103 KIONY TRANSPLANT             |         |         | 103 |
| 104 HOSPITAL BEO - RENTAL        |         | 20.00   | 104 |
| 105 WALKER - RENTAL              |         | 6.00    | 105 |
| 106 WHEELCHAIR - RENTAL          |         | 12.00   | 106 |
| 107 LIQUIO OXYGEN - RENTAL       |         |         | 107 |
| 108 HOSPITAL BEO - PURCHASE      |         | 441.60  | 108 |
| 109 WALKER - PURCHASE            |         | 35.90   | 109 |
| 110 WHEELCHAIR - PURCHASE        |         | 360.90  | 110 |

SOUTH CAROLINA

# SOUTH CAROLINA



One Locality - Statewide

1982 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF SOUTH CAROLINA  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

SOUTH CAROLINA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | SINGLE  | SINGLE   |    |
|----------------------------------|---------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         | 12.69*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 9.98*   | 14.39*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         | 17.00    | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 32.70*  | 56.83*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 5.00    | 11.00    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 8.00    | 8.00     | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 9.98*   | 14.39*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 16.00   | 20.00    | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 20.00   | 31.75*   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 32.70*  | 56.83*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 15.00   | 15.00    | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         | 17.90*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 23.80*  | 23.80*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         | 14.39    | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 10.00   | 15.00    | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 35.00   | 41.42*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         | 41.42*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 44.75*  | 62.65*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 13.72*  | 16.21*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 13.72*  | 16.21*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 18.00   | 25.00    | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         | 31.75*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         | 16.84*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         | 17.00*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         | 17.00*   | 25 |
| 26 LIMITED CONSULTATION          | 40.00   | 42.47*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         | 54.41*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         | 62.65*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         | 47.63*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         | 31.75*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 9.52*   | 9.52*    | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         | 9.25*    | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         | 15.00    | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 23.80*  | 23.80*   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 8.66*P  | 8.44*P   | 35 |
| 36 SPIROMETRY                    |         | 23.80*   | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         | 71.45*   | 37 |
| 38 CHEMOTHERAPY                  |         | 36.00    | 38 |
| 39 COLLECTION OF SPECIMENS       |         | 3.00     | 39 |
| 40 DEBRIDEMENT OF NAILS          |         | 23.26    | 40 |
| 41 SKIN BIOPSY                   |         | 35.80*   | 41 |
| 42 CHEMOCAUTERY                  |         | 3.49     | 42 |
| 43 RADICAL MASTECTOMY            |         | 746.44*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         | 751.80*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 22.39*  | 26.86*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         | 3381.43* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         | 1881.05* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         | 29.00    | 48 |
| 49 BRONCHOSCOPY                  |         | 179.00*  | 49 |
| 50 THORACENTESIS                 |         | 44.75*   | 50 |
| 51 CATHETERIZATION OF HEART      |         | 369.13*  | 51 |
| 52 INSERTION OF PACEMAKER        |         | 1000.00  | 52 |
| 53 PARTIAL COLECTOMY             |         | 968.00   | 53 |
| 54 APPENDECTOMY                  | 358.00* | 382.57*  | 54 |
| 55 SIGMOIDOSCOPY                 |         | 40.00    | 55 |



1982 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF SOUTH CAROLINA  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

SOUTH CAROLINA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | SINGLE  | SINGLE   |     |
|----------------------------------|---------|----------|-----|
| 56 HEMORRHOIDECTOMY              |         | 352.39*  | 56  |
| 57 CHOLECYSTECTOMY               |         | 671.94*  | 57  |
| 58 REPAIR HERNIA                 |         | 403.84*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 85.00   | 85.00    | 59  |
| 60 DILATION OF URETHRA           |         | 17.90*   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         | 859.20*  | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 716.00* | 716.00*  | 62  |
| 63 HYSTERECTOMY                  |         | 716.00*  | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         | 31.75*   | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         | 30.40    | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         | 14.28*   | 66  |
| 67 EXTRACTION OF LENS            | 716.00* | 716.00*  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 24.18*  | 8.95*P   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 30.00   | 13.00 P  | 69  |
| 70 X-RAY SPINE                   |         | 19.50 P  | 70  |
| 71 X-RAY HIP                     |         | 14.50 P  | 71  |
| 72 X-RAY UPPER GI TRACT          | 62.65*  | 30.50 P  | 72  |
| 73 X-RAY COLON                   |         | 30.37*P  | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 12.00 P | 12.00 P  | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  | 17.90*P | 17.90*P  | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         | 22.67*P  | 76  |
| 77 CAT SCAN - HEAD               |         | 81.15 P  | 77  |
| 78 CAT SCAN - ABDOMEN            |         | 125.03*P | 78  |
| 79 THREE CHEMISTRY TESTS         |         | 8.00     | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         | 14.50    | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         | 12.00    | 81  |
| 82 HEMOGLOBIN                    |         | 2.50L    | 82  |
| 83 AUTOMATED BLOOD COUNT         |         | 10.00    | 83  |
| 84 WHITE CELL COUNT              |         | 3.00L    | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         | 7.00L    | 85  |
| 86 CHOLESTEROL TEST              |         | 6.00L    | 86  |
| 87 FLOCCULATION TEST             |         | 7.00     | 87  |
| 88 HEMATOCRIT                    |         | 3.00L    | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         | 6.00     | 89  |
| 90 POTASSIUM TEST - BLOOD        |         | 8.00     | 90  |
| 91 PROTHROMBIN TIME TEST         |         | 5.00L    | 91  |
| 92 SEDIMENTATION RATE            |         | 4.00L    | 92  |
| 93 BLOOD SUGAR                   |         | 5.00L    | 93  |
| 94 BUN-UREA - NITROGEN           |         | 6.00L    | 94  |
| 95 URIC ACID                     |         | 6.00L    | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |         | 5.00     | 96  |
| 97 PAP TEST                      |         | 6.00L    | 97  |
| 98 ROUTINE URINALYSIS            |         | 3.00L    | 98  |
| 99 CHEMICAL URINALYSIS           |         | 3.00     | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         | 27.50    | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         | 31.75*   | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         | 922.20   | 102 |
| 103 KIDNEY TRANSPLANT            |         | 1854.40  | 103 |
| 104 HOSPITAL BED - RENTAL        |         | 43.68L   | 104 |
| 105 WALKER - RENTAL              |         | 10.40    | 105 |
| 106 WHEELCHAIR - RENTAL          |         | 26.00L   | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         | 60.00    | 107 |
| 108 HOSPITAL BED - PURCHASE      |         | 420.00L  | 108 |
| 109 WALKER - PURCHASE            |         | 41.60    | 109 |
| 110 WHEELCHAIR - PURCHASE        |         | 244.40L  | 110 |

SOUTH DAKOTA

## SOUTH DAKOTA



One Locality - Statewide

| PROCEDURE DESCRIPTION            | SINGLE   |    |
|----------------------------------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     | 19.20*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 23.00*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |          | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 40.00    | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 7.10*    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 10.70*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 17.20*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 18.00    | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 26.90*   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 35.70*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 15.00*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   | 19.60*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   |          | 13 |
| 14 EXTENDED CARE FACILITY VISIT  | 15.00    | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 10.70*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 32.20*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  | 47.60*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 62.60*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 10.70*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 18.00*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   |          | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   | 35.70*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    | 16.80*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  | 31.60*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |          | 25 |
| 26 LIMITED CONSULTATION          | 44.70*   | 26 |
| 27 EXTENSIVE CONSULTATION        | 44.70*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    | 62.60*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        | 50.00    | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       | 26.90*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 11.30*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         | 14.00    | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |          | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 22.90*   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 15.00    | 35 |
| 36 SPIROMETRY                    | 30.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    | 109.00   | 37 |
| 38 CHEMOTHERAPY                  | 20.00    | 38 |
| 39 COLLECTION OF SPECIMENS       | 3.00     | 39 |
| 40 DEBRIDEMENT OF NAILS          | 15.00    | 40 |
| 41 SKIN BIOPSY                   | 32.20*   | 41 |
| 42 CHEMOCAUTERY                  | 18.00    | 42 |
| 43 RADICAL MASTECTOMY            | 708.00*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    | 716.20*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 18.00*   | 45 |
| 46 CORONARY ARTERY BYPASS        | 3124.90* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  | 1730.70* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      | 20.00    | 48 |
| 49 BRONCHOSCOPY                  | 179.00*  | 49 |
| 50 THORACENTESIS                 | 32.20*   | 50 |
| 51 CATHETERIZATION OF HEART      |          | 51 |
| 52 INSERTION OF PACEMAKER        | 1074.20* | 52 |
| 53 PARTIAL COLECTOMY             | 895.20*  | 53 |
| 54 APPENDECTOMY                  | 395.50*  | 54 |
| 55 SIGMOIDOSCOPY                 | 32.20*   | 55 |

## 1982 PREVAILING CHARGE SUMMARY DATA

B/S OF NORTH DAKOTA

SOUTH DAKOTA  
COMBINED LOCALITY DESIGNATION

## PROCEDURE DESCRIPTION

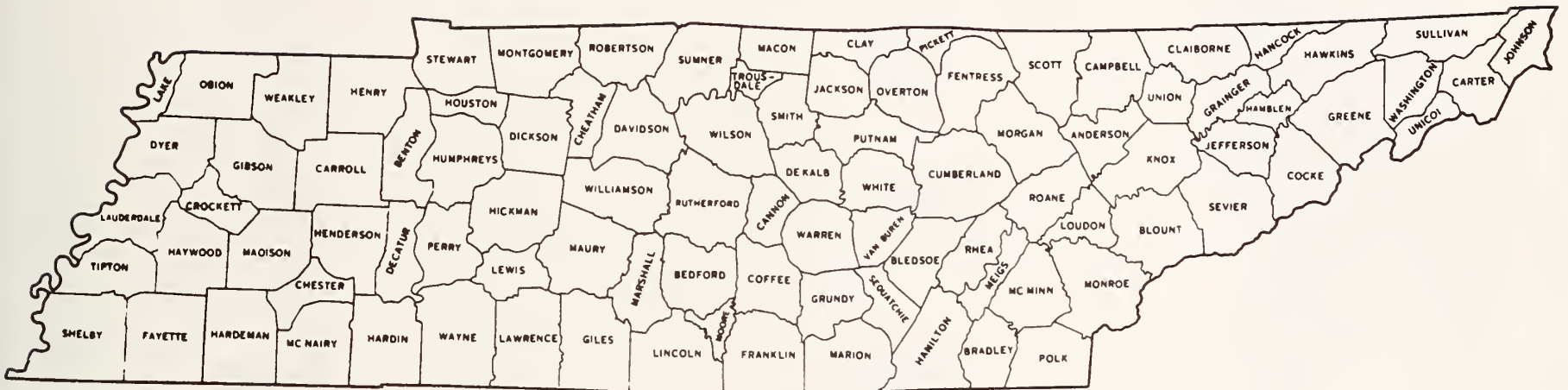
## SINGLE

|     |                               |         |     |
|-----|-------------------------------|---------|-----|
| 56  | HEMORRHOIDECTOMY              | 268.70* | 56  |
| 57  | CHOLECYSTECTOMY               | 644.50* | 57  |
| 58  | REPAIR HERNIA                 | 375.90* | 58  |
| 59  | DIAGNOSTIC CYSTOURETHROSCOPY  | 53.70*  | 59  |
| 60  | DILATION OF URETHRA           | 18.00   | 60  |
| 61  | PROSTATECTOMY - SUPRAPUBIC    | 859.50* | 61  |
| 62  | ELECTROSECTION-PROSTATE (TUR) | 805.60* | 62  |
| 63  | HYSTERECTOMY                  | 579.30* | 63  |
| 64  | INITIAL COMPLETE EYE EXAM     | 29.20*  | 64  |
| 65  | COMPREHENSIVE EYE EXAM        |         | 65  |
| 66  | EYE EXAM WITH TONOMETRY       |         | 66  |
| 67  | EXTRACTION OF LENS            | 859.50* | 67  |
| 68  | CHEST X-RAY - SINGLE VIEW     | 21.50*  | 68  |
| 69  | CHEST X-RAY - TWO VIEWS       | 32.00   | 69  |
| 70  | X-RAY SPINE                   | 33.00*  | 70  |
| 71  | X-RAY HIP                     | 35.70*  | 71  |
| 72  | X-RAY UPPER GI TRACT          | 64.50*  | 72  |
| 73  | X-RAY COLON                   | 60.00   | 73  |
| 74  | RADIATION THERAPY-LOW VOLT    | 16.40   | 74  |
| 75  | RADIATION THERAPY-SUPER VOLT  | 18.00*  | 75  |
| 76  | RADIATION THERAPY-MEGAVOLT    |         | 76  |
| 77  | CAT SCAN - HEAD               | 58.00   | 77  |
| 78  | CAT SCAN - ABDOMEN            | 58.00   | 78  |
| 79  | THREE CHEMISTRY TESTS         | 27.00   | 79  |
| 80  | NINETEEN CHEMISTRY TESTS      | 23.00   | 80  |
| 81  | CULTURE - OTHER THAN BLOOD    | 15.00   | 81  |
| 82  | HEMOGLOBIN                    | 3.50L   | 82  |
| 83  | AUTOMATED BLOOD COUNT         | 15.00   | 83  |
| 84  | WHITE CELL COUNT              | 4.00L   | 84  |
| 85  | COMPLETE BLOOD COUNT (CBC)    | 9.00L   | 85  |
| 86  | CHOLESTEROL TEST              | 7.00L   | 86  |
| 87  | FLOCCULATION TEST             | 9.00    | 87  |
| 88  | HEMATOCRIT                    | 4.00L   | 88  |
| 89  | PLATELET COUNT (REES-ECKER)   | 7.80    | 89  |
| 90  | POTASSIUM TEST - BLOOD        | 12.00   | 90  |
| 91  | PROTHROMBIN TIME TEST         | 6.00L   | 91  |
| 92  | SEDIMENTATION RATE            | 5.00L   | 92  |
| 93  | BLOOD SUGAR                   | 7.00L   | 93  |
| 94  | BUN-UREA - NITROGEN           | 8.00L   | 94  |
| 95  | URIC ACID                     | 7.00L   | 95  |
| 96  | FECEs-OCULT BLOOD-SCREENING   | 5.00    | 96  |
| 97  | PAP TEST                      | 6.00L   | 97  |
| 98  | ROUTINE URINALYSIS            | 4.00L   | 98  |
| 99  | CHEMICAL URINALYSIS           | 8.00    | 99  |
| 100 | PATHOLOGY - THREE SPECIMENS   |         | 100 |
| 101 | ELEC MONITORING-PACEMAKER     |         | 101 |
| 102 | DONOR NEPHRECTOMY-UNILATERAL  |         | 102 |
| 103 | KIDNEY TRANSPLANT             |         | 103 |
| 104 | HOSPITAL BED - RENTAL         | 92.40   | 104 |
| 105 | WALKER - RENTAL               | 14.70   | 105 |
| 106 | WHEELCHAIR - RENTAL           | 25.00   | 106 |
| 107 | LIQUID OXYGEN - RENTAL        |         | 107 |
| 108 | HOSPITAL BED - PURCHASE       | 720.90  | 108 |
| 109 | WALKER - PURCHASE             | 54.00   | 109 |
| 110 | WHEELCHAIR - PURCHASE         | 240.00L | 110 |



TENNESSEE

# TENNESSEE



One Locality - Statewide

1982 PREVAILING CHARGE SUMMARY DATA      EQUITABLE LIFE ASSURANCE SOCIETY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

TENNESSEE  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 35     | 35       |    |
|----------------------------------|--------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |        | 21.50*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 30.00  | 44.70*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |        |          | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 35.00  | 53.70*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 5.30*  | 5.30*    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 9.00*  | 12.50*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  |        |          | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 14.40* | 18.00*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 17.80* | 21.50*   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 35.00  | 35.70*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 18.00* | 21.50*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |        |          | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 20.00  | 22.00    | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |        | 15.00    | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 9.00*  | 12.50*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 26.90* | 26.90*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |        | 53.70*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 45.00  | 62.60*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 11.00* | 14.40*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    |        |          | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 15.00  | 18.00*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |        | 35.00    | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |        | 17.20*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |        | 21.40*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |        | 35.60*   | 25 |
| 26 LIMITED CONSULTATION          | 18.00* | 26.90*   | 26 |
| 27 EXTENSIVE CONSULTATION        |        | 53.70*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |        | 75.00    | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |        | 59.50*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |        | 35.70    | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |        | 10.60*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |        |          | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |        | 12.50*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 25.00  | 25.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 5.00 P | 7.00 P   | 35 |
| 36 SPIROMETRY                    |        | 20.00*   | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |        | 71.70*   | 37 |
| 38 CHEMOTHERAPY                  |        |          | 38 |
| 39 COLLECTION OF SPECIMENS       |        | 3.00     | 39 |
| 40 DEBRIDEMENT OF NAILS          |        | 18.60*   | 40 |
| 41 SKIN BIOPSY                   |        | 40.00    | 41 |
| 42 CHEMOCAUTERY                  |        | 21.50*   | 42 |
| 43 RADICAL MASTECTOMY            |        | 774.10*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |        | 895.20*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 18.40* | 18.60*   | 45 |
| 46 CORONARY ARTERY BYPASS        |        | 2780.00  | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |        | 1521.70* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |        | 22.00    | 48 |
| 49 BRONCHOSCOPY                  |        | 197.00*  | 49 |
| 50 THORACENTESIS                 |        | 44.70*   | 50 |
| 51 CATHETERIZATION OF HEART      |        | 447.70*  | 51 |
| 52 INSERTION OF PACEMAKER        |        | 895.20*  | 52 |
| 53 PARTIAL COLECTOMY             |        | 895.20*  | 53 |
| 54 APPENDECTOMY                  | 465.00 | 450.00   | 54 |
| 55 SIGMOIDOSCOPY                 |        | 32.30*   | 55 |

1982 PREVAILING CHARGE SUMMARY DATA      EQUITABLE LIFE ASSURANCE SOCIETY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

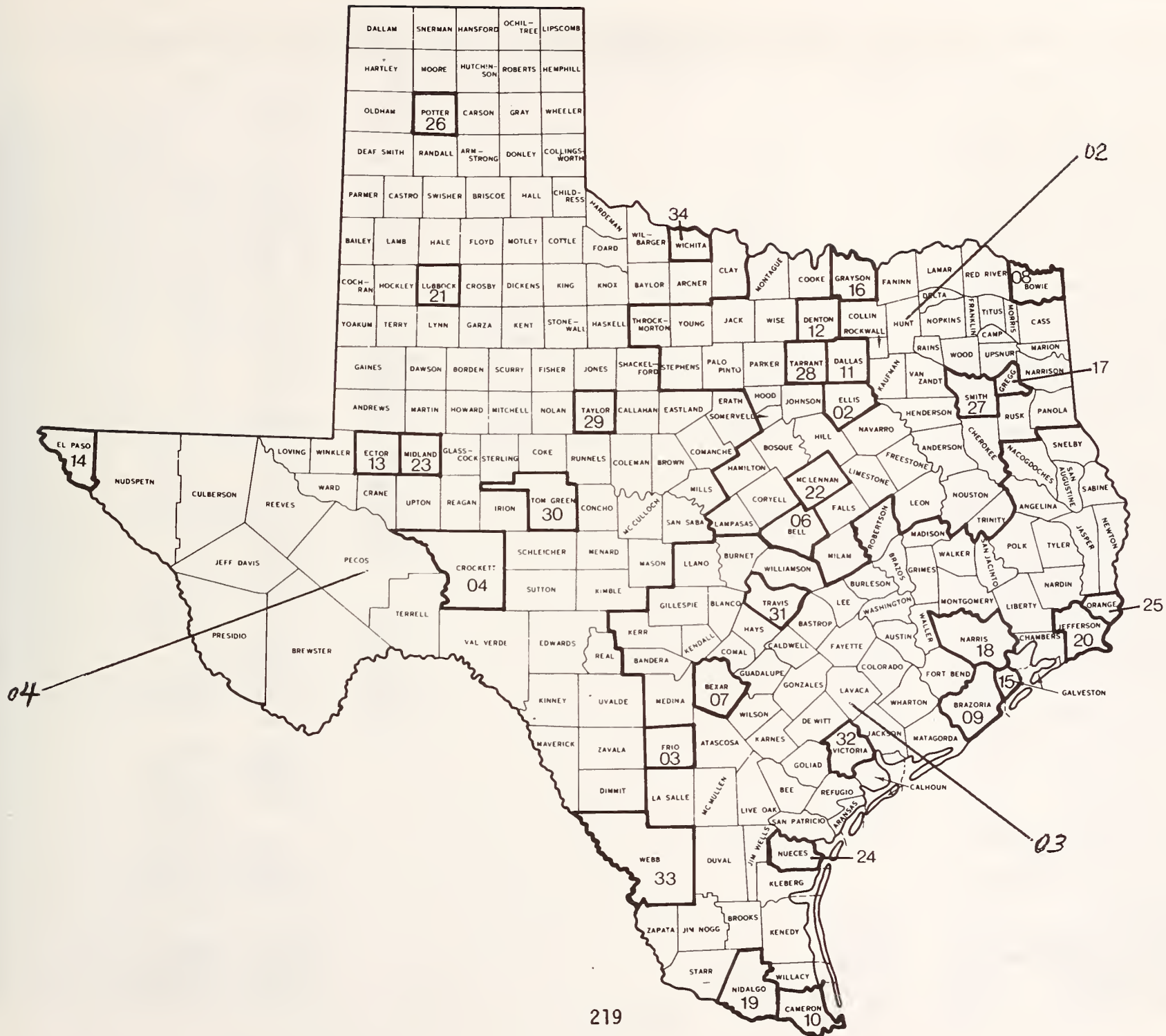
TENNESSEE  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 35      | 35      |     |
|----------------------------------|---------|---------|-----|
| 56 HEMORRHOIDECTOMY              |         | 358.10* | 56  |
| 57 CHOLECYSTECTOMY               |         | 649.10* | 57  |
| 58 REPAIR HERNIA                 |         | 402.80* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 44.70*  | 44.70*  | 59  |
| 60 DILATION OF URETHRA           |         | 15.25   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         | 805.60* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 644.90* | 787.80* | 62  |
| 63 HYSTERECTOMY                  |         | 716.20* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         | 30.00*  | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         | 34.70*  | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |         | 66  |
| 67 EXTRACTION OF LENS            |         | 716.20* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 19.80*  | 24.75   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 26.90*  | 26.90*  | 69  |
| 70 X-RAY SPINE                   |         | 40.00   | 70  |
| 71 X-RAY HIP                     |         | 30.40*  | 71  |
| 72 X-RAY UPPER GI TRACT          | 62.60*  | 62.60*  | 72  |
| 73 X-RAY COLON                   |         | 53.70*  | 73  |
| 74 RADIATION THERAPY-LOW VOLT    |         | 24.00   | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |         | 26.90*  | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         |         | 76  |
| 77 CAT SCAN - HEAD               |         |         | 77  |
| 78 CAT SCAN - ABDOMEN            |         |         | 78  |
| 79 THREE CHEMISTRY TESTS         |         | 10.50L  | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         | 21.00L  | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         | 16.00   | 81  |
| 82 HEMOGLOBIN                    |         | 4.00L   | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |         | 83  |
| 84 WHITE CELL COUNT              |         | 5.00L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         | 8.00L   | 85  |
| 86 CHOLESTEROL TEST              |         | 6.00L   | 86  |
| 87 FLOCCULATION TEST             |         | 6.00    | 87  |
| 88 HEMATOCRIT                    |         | 4.00L   | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         | 9.00    | 89  |
| 90 POTASSIUM TEST - BLOOD        |         | 10.00   | 90  |
| 91 PROTHROMBIN TIME TEST         |         | 6.50L   | 91  |
| 92 SEDIMENTATION RATE            |         | 5.00L   | 92  |
| 93 BLOOD SUGAR                   |         | 6.50L   | 93  |
| 94 BUN-UREA - NITROGEN           |         | 8.00L   | 94  |
| 95 URIC ACID                     |         | 7.50L   | 95  |
| 96 FECES-OCULT BLOOD-SCREENING   |         | 5.00    | 96  |
| 97 PAP TEST                      |         | 7.00L   | 97  |
| 98 ROUTINE URINALYSIS            |         | 3.50L   | 98  |
| 99 CHEMICAL URINALYSIS           |         | 3.00    | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         | 27.00   | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         | 35.00   | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         | 1201.50 | 102 |
| 103 KIDNEY TRANSPLANT            |         | 1616.50 | 103 |
| 104 HOSPITAL BED - RENTAL        |         | 45.00L  | 104 |
| 105 WALKER - RENTAL              |         | 12.00   | 105 |
| 106 WHEELCHAIR - RENTAL          |         | 25.00L  | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         | 63.60   | 107 |
| 108 HOSPITAL BED - PURCHASE      |         | 331.25L | 108 |
| 109 WALKER - PURCHASE            |         | 43.46   | 109 |
| 110 WHEELCHAIR - PURCHASE        |         | 222.60L | 110 |

TEXAS



# TEXAS



1982 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

TEXAS  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 01 | 02      | 03 | 01     | 02       | 03       |    |
|----------------------------------|----|---------|----|--------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |    |         |    | 35.00* | 25.00*   |          | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   |    | 31.00   |    | 44.75* | 53.70*   |          | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |    |         |    |        |          |          | 3  |
| 4 INITIAL COMP OFFICE VISIT      |    | 45.00   |    | 62.70* | 71.60*   |          | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  |    |         |    |        |          |          | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    |    | 12.50*  |    | 14.30* | 16.10*   |          | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  |    | 17.90*  |    | 17.90* | 17.90*   |          | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  |    | 17.90*  |    | 17.90* | 25.00*   |          | 8  |
| 9 EXTENDED F/U OFFICE VISIT      |    | 25.00   |    | 44.75* | 30.50*   |          | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    |    | 25.10*  |    | 35.80* | 52.00    |          | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     |    | 21.50*  |    |        | 21.50*   |          | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |    |         |    |        | 21.50*   |          | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   |    | 30.00   |    |        | 30.00    |          | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |    |         |    | 25.10* | 20.00    |          | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  |    | 11.00   |    | 14.30* | 21.50*   |          | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  |    | 44.75*  |    | 26.90* | 44.75*   |          | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |    |         |    | 35.80* | 62.70*   |          | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   |    | 62.70*  |    | 80.60* | 71.60*   |          | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT |    | 17.90*  |    | 12.50* | 17.90*   |          | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    |    | 20.00*  |    | 17.90* | 20.00    |          | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   |    |         |    |        |          |          | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |    |         |    | 24.00  | 20.00*   |          | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |    |         |    | 14.30* | 16.10*   |          | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |    |         |    | 35.00* | 25.00*   |          | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |    |         |    | 44.75* | 53.70*   |          | 25 |
| 26 LIMITED CONSULTATION          |    | 37.60*  |    | 53.70* | 45.00*   |          | 26 |
| 27 EXTENSIVE CONSULTATION        |    |         |    | 62.70* | 52.00    |          | 27 |
| 28 COMPREHENSIVE CONSULTATION    |    |         |    | 70.00  | 75.00    |          | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |    |         |    |        | 35.80*   |          | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |    |         |    |        | 26.90*   |          | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |    | 14.30*  |    |        | 14.30*   |          | 31 |
| 32 INITIAL PHYSIOTHERAPY         |    |         |    | 17.90* | 17.90*   | 17.90*   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |    |         |    | 16.10* | 16.10*   | 16.10*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       |    | 26.00   |    | 27.50  | 26.00    |          | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY |    | 9.00*   |    | 15.00  | 13.00    |          | 35 |
| 36 SPIROMETRY                    |    |         |    | 30.00  | 30.00    | 30.00    | 36 |
| 37 ELECTROENCEPHALOGRAPH (EEG)   |    |         |    | 80.00  | 80.00    | 80.00    | 37 |
| 38 CHEMOTHERAPY                  |    |         |    | 25.00  | 13.00    |          | 38 |
| 39 COLLECTION OF SPECIMENS       |    |         |    |        |          |          | 39 |
| 40 DEBRIDEMENT OF NAILS          |    |         |    |        | 25.00    | 21.50*   | 40 |
| 41 SKIN BIOPSY                   |    |         |    |        | 37.60*   | 32.20*   | 41 |
| 42 CHEMOCAUTERY                  |    |         |    |        | 35.00    | 35.00    | 42 |
| 43 RADICAL MASTECTOMY            |    |         |    |        | 895.00*  | 674.80*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |    |         |    |        |          | 1002.40* | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    |    | 15.00   |    |        |          | 25.00    | 45 |
| 46 CORONARY ARTERY BYPASS        |    |         |    |        |          |          | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |    |         |    |        |          | 2100.00  | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |    |         |    |        | 25.10*   | 25.00*   | 48 |
| 49 BRONCHOSCOPY                  |    |         |    |        | 182.60*  | 179.00*  | 49 |
| 50 THORACENTESIS                 |    |         |    |        |          |          | 50 |
| 51 CATHETERIZATION OF HEART      |    |         |    |        |          |          | 51 |
| 52 INSERTION OF PACEMAKER        |    |         |    |        | 1217.20* | 1790.00* | 52 |
| 53 PARTIAL COLECTOMY             |    |         |    |        | 973.80*  | 830.60*  | 53 |
| 54 APPENDECTOMY                  |    | 313.25* |    |        | 447.50*  | 402.75*  | 54 |
| 55 SIGMOIDOSCOPY                 |    |         |    |        | 35.00    | 44.75*   | 55 |

1982 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

TEXAS  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 01      | 02      | 03 | 01      | 02      | 03      |     |
|----------------------------------|---------|---------|----|---------|---------|---------|-----|
| 56 HEMDRRHIDECTOMY               |         |         |    |         | 447.50* | 450.00  | 56  |
| 57 CHOLECYSTECTOMY               |         |         |    |         | 716.00* | 716.00* | 57  |
| 58 REPAIR HERNIA                 |         |         |    |         | 465.00  | 465.40* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  |         | 44.75*  |    |         |         |         | 59  |
| 60 DILATION OF URETHRA           |         |         |    |         |         |         | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         |         |    |         |         |         | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) |         | 716.00* |    |         |         |         | 62  |
| 63 HYSTERECTOMY                  |         |         |    |         | 927.20* |         | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |         |    |         |         |         | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |         |    |         | 33.00   |         | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |         |    |         | 14.30*  |         | 66  |
| 67 EXTRACTION OF LENS            | 895.00* |         |    |         | 760.75* |         | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 21.50*  |         |    |         | 23.30*  |         | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 26.90*  |         |    |         | 35.80*  |         | 69  |
| 70 X-RAY SPINE                   |         |         |    |         | 59.10*  |         | 70  |
| 71 X-RAY HIP                     |         |         |    |         | 32.00   |         | 71  |
| 72 X-RAY UPPER GI TRACT          |         | 59.10*  |    |         | 76.10*  |         | 72  |
| 73 X-RAY COLDN                   |         |         |    |         | 71.60*  |         | 73  |
| 74 RADIATION THERAPY-LOW VOLT    |         | 3.60*   |    |         | 3.60*   |         | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |         | 25.50   |    |         | 17.90*  |         | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         |         |    |         | 21.50*  |         | 76  |
| 77 CAT SCAN - HEAD               |         |         |    |         | 410.00  |         | 77  |
| 78 CAT SCAN - ABDOMEN            |         |         |    |         | 425.00  |         | 78  |
| 79 THREE CHEMISTRY TESTS         |         |         |    | 30.00   | 30.00   | 30.00   | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |         |    | 35.00   | 35.00   | 35.00   | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         |         |    | 15.00   | 15.00   | 15.00   | 81  |
| 82 HEMOGLOBIN                    |         |         |    | 3.00L   | 3.00L   | 3.00L   | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |         |    | 12.00   | 12.00   | 12.00   | 83  |
| 84 WHITE CELL COUNT              |         |         |    | 4.00L   | 4.00L   | 4.00L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |         |    | 9.00L   | 9.00L   | 9.00L   | 85  |
| 86 CHOLESTEROL TEST              |         |         |    | 7.50L   | 7.50L   | 7.50L   | 86  |
| 87 FLOCCULATION TEST             |         |         |    | 10.00   | 10.00   | 10.00   | 87  |
| 88 HEMATOCRIT                    |         |         |    | 3.00L   | 3.00L   | 3.00L   | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |         |    | 8.00    | 8.00    | 8.00    | 89  |
| 90 POTASSIUM TEST - BLOOD        |         |         |    | 10.00   | 10.00   | 10.00   | 90  |
| 91 PROTHROMBIN TIME TEST         |         |         |    | 7.00L   | 7.00L   | 7.00L   | 91  |
| 92 SEDIMENTATION RATE            |         |         |    | 6.00L   | 6.00L   | 6.00L   | 92  |
| 93 BLOOD SUGAR                   |         |         |    | 7.00L   | 7.00L   | 7.00L   | 93  |
| 94 BUN-UREA - NITROGEN           |         |         |    | 8.00L   | 8.00L   | 8.00L   | 94  |
| 95 URIC ACID                     |         |         |    | 8.00L   | 8.00L   | 8.00L   | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |         |         |    | 3.50    | 3.50    | 3.50    | 96  |
| 97 PAP TEST                      |         |         |    | 8.85L   | 8.85L   | 8.85L   | 97  |
| 98 ROUTINE URINALYSIS            |         |         |    | 5.00L   | 5.00L   | 5.00L   | 98  |
| 99 CHEMICAL URINALYSIS           |         |         |    | 5.00    | 5.00    | 5.00    | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |         |    |         |         |         | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |         |    |         |         |         | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |         |    |         |         |         | 102 |
| 103 KIDNEY TRANSPLANT            |         |         |    |         |         |         | 103 |
| 104 HOSPITAL BED - RENTAL        |         |         |    | 44.00L  | 44.00L  | 44.00L  | 104 |
| 105 WALKER - RENTAL              |         |         |    | 15.00   | 15.00   | 15.00   | 105 |
| 106 WHEELCHAIR - RENTAL          |         |         |    | 25.00L  | 25.00L  | 25.00L  | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         |         |    | 75.60   | 75.60   | 75.60   | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |         |    | 275.00L | 275.00L | 275.00L | 108 |
| 109 WALKER - PURCHASE            |         |         |    | 55.00   | 55.00   | 55.00   | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |         |    | 222.75L | 222.75L | 222.75L | 110 |



1982 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

TEXAS  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 06 | 07     | 08      | 09      | 06     | 07       | 08       | 09       |    |
|----------------------------------|----|--------|---------|---------|--------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |    |        |         |         |        | 17.90*   | 17.90*   | 17.90*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   |    | 22.00  | 20.00   | 15.00   |        | 40.00    | 40.00    | 40.00    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |    |        |         |         |        |          |          |          | 3  |
| 4 INITIAL COMP OFFICE VISIT      |    | 32.00  | 30.00   | 30.00   |        | 44.75*   | 60.00    | 60.00    | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  |    |        |         |         |        |          |          |          | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    |    | 9.00*  | 9.00*   | 9.00*   |        | 12.50*   | 14.30*   | 10.70*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  |    | 10.70* | 12.50*  | 10.70*  |        | 17.90*   | 17.90*   | 14.30*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  |    | 16.00* | 17.90*  | 15.00*  |        | 15.00*   | 15.00*   | 21.50*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      |    | 25.00  | 20.00   | 25.00   |        | 25.00*   | 25.00    | 35.00    | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    |    | 26.90* | 26.90*  | 35.00   |        | 40.00    | 44.75*   | 50.00    | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     |    | 17.90* | 17.90*  | 17.90*  |        | 17.90*   | 17.90*   | 17.90*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |    |        |         |         |        | 19.70*   | 25.00    | 19.70*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   |    | 25.00  | 25.00   | 30.00   |        | 25.00    | 25.00    | 30.00    | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |    |        |         |         |        | 21.00    | 20.00    | 25.00    | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  |    | 14.30* | 12.50*  | 12.50*  |        | 17.90*   | 17.90*   | 17.50    | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  |    | 26.90* | 35.80*  | 26.90*  |        | 35.80*   | 44.75*   | 44.75*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |    |        |         |         |        | 44.75*   | 46.50*   | 53.70*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   |    | 44.75* | 44.75*  | 44.75*  |        | 53.70*   | 70.00    | 71.60*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT |    | 12.50* | 14.30*  | 12.50*  |        | 14.30*   | 17.90*   | 13.40*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    |    | 17.90* | 21.00*  | 20.00*  |        | 17.90*   | 26.90*   | 17.90*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   |    |        |         |         |        |          |          |          | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |    |        |         |         |        | 26.90*   | 25.00    | 11.00    | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |    |        |         |         |        | 12.50*   | 14.30*   | 10.70*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |    |        |         |         |        | 17.90*   | 17.90*   | 17.90*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |    |        |         |         |        | 40.00    | 40.00    | 40.00    | 25 |
| 26 LIMITED CONSULTATION          |    | 26.90* | 44.75*  | 35.80*  |        | 44.75*   | 44.75*   | 50.00    | 26 |
| 27 EXTENSIVE CONSULTATION        |    |        |         |         |        | 44.75*   | 60.00    | 71.60*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |    |        |         |         |        | 70.00    | 71.60*   | 70.00    | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |    |        |         |         |        |          | 35.80*   | 30.50*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |    |        |         |         |        |          | 26.90*   | 26.90*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |    | 10.70* | 12.50*  | 10.70*  |        | 12.50*   | 12.50*   | 10.70*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |    |        |         |         | 17.90* | 17.90*   | 17.90*   | 17.90*   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |    |        |         |         | 16.10* | 16.10*   | 16.10*   | 16.10*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       |    | 25.00  | 26.90*  | 26.90*  |        | 26.90*   | 26.90*   | 26.90*   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY |    | 15.00  | 14.00*  | 10.00*  |        | 17.90*   | 13.40*   | 15.00*   | 35 |
| 36 SPIROMETRY                    |    |        |         |         | 30.00  | 30.00    | 30.00    | 30.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |    |        |         |         | 80.00  | 80.00    | 80.00    | 80.00    | 37 |
| 38 CHEMOTHERAPY                  |    |        |         |         |        | 27.50    | 12.00    | 18.00    | 38 |
| 39 COLLECTION OF SPECIMENS       |    |        |         |         |        |          |          |          | 39 |
| 40 DEBRIDEMENT OF NAILS          |    |        |         |         |        | 21.50*   | 21.50*   | 21.50*   | 40 |
| 41 SKIN BIOPSY                   |    |        |         |         |        | 26.90*   | 35.80*   | 26.90*   | 41 |
| 42 CHEMOCAUTERY                  |    |        |         |         |        | 45.00    | 35.00    | 25.00    | 42 |
| 43 RADICAL MASTECTOMY            |    |        |         |         |        | 716.00*  | 698.10*  | 724.10*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |    |        |         |         |        | 895.00*  | 895.00*  | 984.50*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    |    | 21.50* | 20.00   | 15.00   |        | 21.00    | 35.00    | 20.00    | 45 |
| 46 CORONARY ARTERY BYPASS        |    |        |         |         |        | 4000.00  | 3450.00  | 3160.00  | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |    |        |         |         |        | 1800.00  | 2395.00  | 2000.00  | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |    |        |         |         |        | 21.50*   | 25.00    | 21.50*   | 48 |
| 49 BRONCHOSCOPY                  |    |        |         |         |        | 233.00   | 200.00*  | 179.00*  | 49 |
| 50 THORACENTESIS                 |    |        |         |         |        | 37.60*   | 50.00*   | 50.00*   | 50 |
| 51 CATHETERIZATION OF HEART      |    |        |         |         |        | 400.00   | 537.00*  | 600.00   | 51 |
| 52 INSERTION OF PACEMAKER        |    |        |         |         |        | 1074.00* | 1074.00* | 1020.30* | 52 |
| 53 PARTIAL COLECTOMY             |    |        |         |         |        | 859.20*  | 859.20*  | 816.20*  | 53 |
| 54 APPENDECTOMY                  |    | 435.00 | 402.75* | 402.75* |        | 429.60*  | 358.00*  | 358.00*  | 54 |
| 55 SIGMOIDOSCOPY                 |    |        |         |         |        | 44.75*   | 62.70*   | 40.00    | 55 |

1982 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

TEXAS  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 06 | 07      | 08      | 09      | 06      | 07      | 08      | 09      |     |
|----------------------------------|----|---------|---------|---------|---------|---------|---------|---------|-----|
| 56 HEMORRHOIDECTOMY              |    |         |         |         |         | 313.25* | 358.00* | 358.00* | 56  |
| 57 CHOLECYSTECTOMY               |    |         |         |         |         | 716.00* | 626.50* | 698.10* | 57  |
| 58 REPAIR HERNIA                 |    |         |         |         |         | 402.75* | 402.75* | 358.00* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  |    | 52.00   | 52.00   | 52.00   |         | 55.00   | 60.00   | 60.00   | 59  |
| 60 DILATION OF URETHRA           |    |         |         |         |         | 15.00   | 17.90*  | 17.00   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |    |         |         |         |         | 859.20* | 805.50* | 895.00* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) |    | 787.60* | 844.90* | 759.00* |         | 850.25* | 716.00* | 895.00* | 62  |
| 63 HYSTERECTOMY                  |    |         |         |         |         | 789.40* | 852.00* | 801.90* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |    |         |         |         |         |         |         |         | 64  |
| 65 COMPREHENSIVE EYE EXAM        |    |         |         |         |         | 35.00   | 35.80*  | 35.00   | 65  |
| 66 EYE EXAM WITH TONOMETRY       |    |         |         |         |         | 15.00   | 12.50*  | 17.90*  | 66  |
| 67 EXTRACTION OF LENS            |    | 626.50* | 940.00  | 900.00  |         | 716.00* | 716.00* | 760.75* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     |    | 21.50*  | 25.00   | 22.40*  |         | 31.30*  | 22.40*  | 23.30*  | 68  |
| 69 CHEST X-RAY - TWO VIEWS       |    | 26.90*  | 30.00   | 28.60*  |         | 31.30*  | 33.00   | 31.30*  | 69  |
| 70 X-RAY SPINE                   |    |         |         |         |         | 53.70*  | 60.00   | 53.70*  | 70  |
| 71 X-RAY HIP                     |    |         |         |         |         | 28.00   | 33.00   | 31.30*  | 71  |
| 72 X-RAY UPPER GI TRACT          |    | 59.00   | 58.50   | 62.70*  |         | 70.00   | 62.70*  | 71.60*  | 72  |
| 73 X-RAY COLON                   |    |         |         |         |         | 65.00   | 58.20*  | 62.70*  | 73  |
| 74 RADIATION THERAPY-LOW VOLT    |    | 3.90*   | 4.00*   | 3.60*   |         | 3.60*   | 3.60*   | 3.60*   | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |    | 25.50   | 20.00   | 20.00   |         | 19.70*  | 17.90*  | 15.00   | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |    |         |         |         |         | 30.00*  | 21.50*  | 16.00   | 76  |
| 77 CAT SCAN - HEAD               |    |         |         |         |         | 410.00  | 410.00  | 335.00  | 77  |
| 78 CAT SCAN - ABDOMEN            |    |         |         |         |         | 425.00  | 425.00  | 425.00  | 78  |
| 79 THREE CHEMISTRY TESTS         |    |         |         |         | 30.00   | 30.00   | 30.00   | 30.00   | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |    |         |         |         | 35.00   | 35.00   | 35.00   | 35.00   | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |    |         |         |         | 15.00   | 15.00   | 15.00   | 15.00   | 81  |
| 82 HEMOGLOBIN                    |    |         |         |         | 3.00L   | 3.00L   | 3.00L   | 3.00L   | 82  |
| 83 AUTOMATED BLOOD COUNT         |    |         |         |         | 12.00   | 12.00   | 12.00   | 12.00   | 83  |
| 84 WHITE CELL COUNT              |    |         |         |         | 4.00L   | 4.00L   | 4.00L   | 4.00L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |    |         |         |         | 9.00L   | 9.00L   | 9.00L   | 9.00L   | 85  |
| 86 CHOLESTEROL TEST              |    |         |         |         | 7.50L   | 7.50L   | 7.50L   | 7.50L   | 86  |
| 87 FLOCCULATION TEST             |    |         |         |         | 10.00   | 10.00   | 10.00   | 10.00   | 87  |
| 88 HEMATOCRIT                    |    |         |         |         | 3.00L   | 3.00L   | 3.00L   | 3.00L   | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |    |         |         |         | 8.00    | 8.00    | 8.00    | 8.00    | 89  |
| 90 POTASSIUM TEST - BLOOD        |    |         |         |         | 10.00   | 10.00   | 10.00   | 10.00   | 90  |
| 91 PROTHROMBIN TIME TEST         |    |         |         |         | 7.00L   | 7.00L   | 7.00L   | 7.00L   | 91  |
| 92 SEDIMENTATION RATE            |    |         |         |         | 6.00L   | 6.00L   | 6.00L   | 6.00L   | 92  |
| 93 BLOOD SUGAR                   |    |         |         |         | 7.00L   | 7.00L   | 7.00L   | 7.00L   | 93  |
| 94 BUN-UREA - NITROGEN           |    |         |         |         | 8.00L   | 8.00L   | 8.00L   | 8.00L   | 94  |
| 95 URIC ACID                     |    |         |         |         | 8.00L   | 8.00L   | 8.00L   | 8.00L   | 95  |
| 96 FECES-OCULT BLOOD-SCREENING   |    |         |         |         | 3.50    | 3.50    | 3.50    | 3.50    | 96  |
| 97 PAP TEST                      |    |         |         |         | 8.85L   | 8.85L   | 8.85L   | 8.85L   | 97  |
| 98 ROUTINE URINALYSIS            |    |         |         |         | 5.00L   | 5.00L   | 5.00L   | 5.00L   | 98  |
| 99 CHEMICAL URINALYSIS           |    |         |         |         | 5.00    | 5.00    | 5.00    | 5.00    | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |    |         |         |         |         | 55.00   | 60.00   | 35.50   | 100 |
| 101 ELEC MONITORING-PACEMAKER    |    |         |         |         |         | 30.00   | 30.00   | 30.00   | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |    |         |         |         |         | 950.10* | 773.10* | 1000.00 | 102 |
| 103 KIDNEY TRANSPLANT            |    |         |         |         |         |         |         |         | 103 |
| 104 HOSPITAL BED - RENTAL        |    |         |         |         | 44.00L  | 44.00L  | 44.00L  | 44.00L  | 104 |
| 105 WALKER - RENTAL              |    |         |         |         | 15.00   | 15.00   | 15.00   | 15.00   | 105 |
| 106 WHEELCHAIR - RENTAL          |    |         |         |         | 25.00L  | 25.00L  | 25.00L  | 25.00L  | 106 |
| 107 LIQUID OXYGEN - RENTAL       |    |         |         |         | 75.60   | 75.60   | 75.60   | 75.60   | 107 |
| 108 HOSPITAL BED - PURCHASE      |    |         |         |         | 275.00L | 275.00L | 275.00L | 275.00L | 108 |
| 109 WALKER - PURCHASE            |    |         |         |         | 55.00   | 55.00   | 55.00   | 55.00   | 109 |
| 110 WHEELCHAIR - PURCHASE        |    |         |         |         | 222.75L | 222.75L | 222.75L | 222.75L | 110 |



1982 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

TEXAS  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION              | 11      | 12     | 13      | 14     | 11      | 12       | 13      | 14       |    |
|------------------------------------|---------|--------|---------|--------|---------|----------|---------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT       |         |        |         |        |         | 17.90*   |         |          | 1  |
| 2 INITIAL LIMITED OFFICE VISIT     | 26.90*  | 26.90* | 15.00   | 25.00  |         | 35.80*   |         |          | 2  |
| 3 INITIAL INTERMED OFFICE VISIT    |         |        |         |        |         |          |         |          | 3  |
| 4 INITIAL COMP OFFICE VISIT        | 50.00   | 38.00  | 28.00   | 28.00  |         | 60.00    |         |          | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT    |         |        |         |        |         |          |         |          | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT      | 9.00*   | 12.50* | 12.50*  | 12.50* |         | 17.90*   |         |          | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT    | 10.70*  | 17.90* | 12.50*  | 12.50* |         | 17.90*   |         |          | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT    | 17.90*  | 25.00  | 20.00   | 12.50* |         | 25.10*   |         |          | 8  |
| 9 EXTENDED F/U OFFICE VISIT        | 25.00   | 17.90* | 25.00   | 35.00  |         | 26.00*   |         |          | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT      | 44.75*  | 40.00  | 40.00   | 36.00  |         | 50.00    |         |          | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT       | 21.50*  | 21.50* | 17.90*  | 26.90* | 21.50*  | 21.50*   | 17.90*  | 26.90*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT     |         |        |         |        | 17.90*  | 25.00    | 21.50*  | 17.90*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT     | 30.00   | 30.00  | 30.00   | 30.00  | 30.00   | 30.00    | 30.00   | 30.00    | 13 |
| 14 EXTENDED CARE FACILITY VISIT    |         |        |         |        |         | 30.40*   |         |          | 14 |
| 15 BRIEF F/U NURSING HOME VISIT    | 18.00   | 17.90* | 9.00*   | 17.90* |         | 17.90*   |         |          | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT    | 44.75*  | 44.75* | 26.90*  | 35.80* |         | 53.70*   |         |          | 16 |
| 17 INITIAL INTERMED HOSPITAL VISIT |         |        |         |        |         | 62.70*   |         |          | 17 |
| 18 INITIAL COMP HOSPITAL VISIT     | 44.75*  | 70.00  | 44.75*  | 44.75* |         | 71.60*   |         |          | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT   | 11.50*  | 17.90* | 16.10*  | 17.90* |         | 17.90*   |         |          | 19 |
| 20 LIMITED F/U HOSPITAL VISIT      | 10.70*  | 26.90* | 17.90*  | 17.90* |         | 26.90*   |         |          | 20 |
| 21 INTERMED F/U HOSPITAL VISIT     |         |        |         |        |         |          |         |          | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT     |         |        |         |        |         | 44.00    |         |          | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT      |         |        |         |        |         | 17.90*   |         |          | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT    |         |        |         |        |         | 17.90*   |         |          | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT   |         |        |         |        |         | 35.80*   |         |          | 25 |
| 26 LIMITED CONSULTATION            | 23.30*  | 35.00  | 39.40*  | 44.75* |         | 44.75*   |         |          | 26 |
| 27 EXTENSIVE CONSULTATION          |         |        |         |        |         | 44.75*   |         |          | 27 |
| 28 COMPREHENSIVE CONSULTATION      |         |        |         |        |         | 89.50*   |         |          | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR          |         |        |         |        |         | 53.70*   |         |          | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR         |         |        |         |        |         | 35.80*   |         |          | 30 |
| 31 CHIROPRACTIC OFFICE VISIT       | 12.50*  | 14.30* | 12.50*  | 14.30* |         | 12.00    |         |          | 31 |
| 32 INITIAL PHYSIOTHERAPY           |         |        |         |        | 17.90*  | 17.90*   | 17.90*  | 17.90*   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT      |         |        |         |        | 16.10*  | 16.10*   | 16.10*  | 16.10*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)         | 26.90*  | 34.00* | 20.00   | 26.90* |         | 30.00    |         |          | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY   | 12.50*  | 10.00  | 12.00   | 12.00  |         | 15.20*   |         |          | 35 |
| 36 SPIROMETRY                      |         |        |         |        | 30.00   | 30.00    | 30.00   | 30.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)      |         |        |         |        | 80.00   | 80.00    | 80.00   | 80.00    | 37 |
| 38 CHEMOTHERAPY                    |         |        |         |        |         | 21.50*   |         |          | 38 |
| 39 COLLECTION OF SPECIMENS         |         |        |         |        |         |          |         |          | 39 |
| 40 DEBRIDEMENT OF NAILS            |         |        |         |        | 17.90*  | 25.00    | 19.70*  | 21.50*   | 40 |
| 41 SKIN BIOPSY                     |         |        |         |        | 26.90*  | 35.00*   | 28.60*  | 19.70*   | 41 |
| 42 CHEMOCAUTERY                    |         |        |         |        | 35.00   | 35.00    | 35.00   | 35.00    | 42 |
| 43 RADICAL MASTECTOMY              |         |        |         |        | 581.75* | 939.75*  | 617.60* | 687.40*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE      |         |        |         |        |         | 895.00*  |         |          | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT      | 17.90*  | 26.90* | 20.00   | 30.00  |         | 25.00    |         |          | 45 |
| 46 CORONARY ARTERY BYPASS          |         |        |         |        |         | 4595.00  |         |          | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE    |         |        |         |        |         | 2000.00  |         |          | 47 |
| 48 NEEDLE PUNCTURE OF BURSA        |         |        |         |        | 17.90*  | 26.00    | 19.70*  | 21.50*   | 48 |
| 49 BRONCHOSCOPY                    |         |        |         |        | 134.25* | 225.00   | 143.20* | 159.30*  | 49 |
| 50 THORACENTESIS                   |         |        |         |        |         |          |         |          | 50 |
| 51 CATHETERIZATION OF HEART        |         |        |         |        |         |          |         |          | 51 |
| 52 INSERTION OF PACEMAKER          |         |        |         |        | 895.00* | 1342.50* | 948.70* | 1056.10* | 52 |
| 53 PARTIAL COLECTOMY               |         |        |         |        | 716.00* | 1074.00* | 759.00* | 844.90*  | 53 |
| 54 APPENDECTOMY                    | 343.70* | 435.00 | 358.00* | 435.00 | 358.00* | 537.00*  | 358.00* | 422.40*  | 54 |
| 55 SIGMOIDOSCOPY                   |         |        |         |        | 26.90*  | 44.75*   | 28.60*  | 32.20*   | 55 |

1982 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

TEXAS  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 11      | 12      | 13      | 14      | 11      | 12       | 13      | 14      |     |
|----------------------------------|---------|---------|---------|---------|---------|----------|---------|---------|-----|
| 56 HEMORRHOIDECTOMY              |         |         |         |         | 268.50* | 450.00   | 402.75* | 316.80* | 56  |
| 57 CHOLECYSTECTOMY               |         |         |         |         | 447.50* | 805.50*  | 537.00* | 633.70* | 57  |
| 58 REPAIR HERNIA                 |         |         |         |         | 313.25* | 537.00*  | 358.00* | 370.50* | 58  |
| 59 DIAGNOSTIC CYSTURETHROSCOPY   | 43.00*  | 35.80*  | 52.00   | 52.00   |         | 44.75*   |         |         | 59  |
| 60 DILATION OF URETHRA           |         |         |         |         |         | 25.00    |         |         | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         |         |         |         |         | 895.00*  |         |         | 61  |
| 62 ELECTROSECTION-PRDSTATE (TUR) | 687.40* | 880.00  | 880.00  | 880.00  |         | 859.20*  |         |         | 62  |
| 63 HYSTERECTOMY                  |         |         |         |         |         | 1002.40* |         |         | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |         |         |         |         |          |         |         | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |         |         |         |         | 35.00    |         |         | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |         |         |         |         | 15.00    |         |         | 66  |
| 67 EXTRACTION OF LENS            | 859.20* | 1250.00 | 1000.00 | 1000.00 |         | 895.00*  |         |         | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 21.50*  | 21.50*  | 17.90*  | 26.90*  |         | 28.60*   |         |         | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 26.90*  | 30.40*  | 17.90*  | 26.90*  |         | 28.60*   |         |         | 69  |
| 70 X-RAY SPINE                   |         |         |         |         |         | 48.30*   |         |         | 70  |
| 71 X-RAY HIP                     |         |         |         |         |         | 32.00    |         |         | 71  |
| 72 X-RAY UPPER GI TRACT          | 60.90*  | 62.70*  | 51.90*  | 53.70*  |         | 60.00    |         |         | 72  |
| 73 X-RAY COLON                   |         |         |         |         |         | 62.70*   |         |         | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 3.70*   | 3.60*   | 3.60*   | 3.60*   |         | 3.60*    |         |         | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  | 25.50   | 20.00   | 25.50   | 25.50   |         | 14.30*   |         |         | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         |         |         |         |         | 17.90*   |         |         | 76  |
| 77 CAT SCAN - HEAD               |         |         |         |         |         | 410.00   |         |         | 77  |
| 78 CAT SCAN - ABOOMEN            |         |         |         |         |         | 425.00   |         |         | 78  |
| 79 THREE CHEMISTRY TESTS         |         |         |         |         | 30.00   | 30.00    | 30.00   | 30.00   | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |         |         |         | 35.00   | 35.00    | 35.00   | 35.00   | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         |         |         |         | 15.00   | 15.00    | 15.00   | 15.00   | 81  |
| 82 HEMOGLOBIN                    |         |         |         |         | 3.00L   | 3.00L    | 3.00L   | 3.00L   | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |         |         |         | 12.00   | 12.00    | 12.00   | 12.00   | 83  |
| 84 WHITE CELL COUNT              |         |         |         |         | 4.00L   | 4.00L    | 4.00L   | 4.00L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |         |         |         | 9.00L   | 9.00L    | 9.00L   | 9.00L   | 85  |
| 86 CHOLESTEROL TEST              |         |         |         |         | 7.50L   | 7.50L    | 7.50L   | 7.50L   | 86  |
| 87 FLOCCULATION TEST             |         |         |         |         | 10.00   | 10.00    | 10.00   | 10.00   | 87  |
| 88 HEMATOCRIT                    |         |         |         |         | 3.00L   | 3.00L    | 3.00L   | 3.00L   | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |         |         |         | 8.00    | 8.00     | 8.00    | 8.00    | 89  |
| 90 POTASSIUM TEST - BLOOD        |         |         |         |         | 10.00   | 10.00    | 10.00   | 10.00   | 90  |
| 91 PROTHROMBIN TIME TEST         |         |         |         |         | 7.00L   | 7.00L    | 7.00L   | 7.00L   | 91  |
| 92 SEDIMENTATION RATE            |         |         |         |         | 6.00L   | 6.00L    | 6.00L   | 6.00L   | 92  |
| 93 BLOOD SUGAR                   |         |         |         |         | 7.00L   | 7.00L    | 7.00L   | 7.00L   | 93  |
| 94 BUN-UREA - NITROGEN           |         |         |         |         | 8.00L   | 8.00L    | 8.00L   | 8.00L   | 94  |
| 95 URIC ACID                     |         |         |         |         | 8.00L   | 8.00L    | 8.00L   | 8.00L   | 95  |
| 96 FECES-OCULT BLOOD-SCREENING   |         |         |         |         | 3.50    | 3.50     | 3.50    | 3.50    | 96  |
| 97 PAP TEST                      |         |         |         |         | 8.85L   | 8.85L    | 8.85L   | 8.85L   | 97  |
| 98 ROUTINE URINALYSIS            |         |         |         |         | 5.00L   | 5.00L    | 5.00L   | 5.00L   | 98  |
| 99 CHEMICAL URINALYSIS           |         |         |         |         | 5.00    | 5.00     | 5.00    | 5.00    | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |         |         |         |         | 54.00    |         |         | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |         |         |         |         |          |         |         | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |         |         |         |         | 856.00*  |         |         | 102 |
| 103 KIDNEY TRANSPLANT            |         |         |         |         |         |          |         |         | 103 |
| 104 HOSPITAL BED - RENTAL        |         |         |         |         | 44.00L  | 44.00L   | 44.00L  | 44.00L  | 104 |
| 105 WALKER - RENTAL              |         |         |         |         | 15.00   | 15.00    | 15.00   | 15.00   | 105 |
| 106 WHEELCHAIR - RENTAL          |         |         |         |         | 25.00L  | 25.00L   | 25.00L  | 25.00L  | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         |         |         |         | 75.60   | 75.60    | 75.60   | 75.60   | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |         |         |         | 275.00L | 275.00L  | 275.00L | 275.00L | 108 |
| 109 WALKER - PURCHASE            |         |         |         |         | 55.00   | 55.00    | 55.00   | 55.00   | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |         |         |         | 222.75L | 222.75L  | 222.75L | 222.75L | 110 |

1982 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

TEXAS  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 15     | 16     | 17     | 18      | 15     | 16       | 17       | 18       |    |
|----------------------------------|--------|--------|--------|---------|--------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |        |        |        |         | 17.90* | 26.90*   |          |          | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 25.00  | 30.00  | 35.00  | 21.50*  | 30.00  | 44.75*   |          |          | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |        |        |        |         |        |          |          |          | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 35.00  | 45.00  | 55.00  | 22.00   | 62.70* | 62.70*   |          |          | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  |        |        |        |         |        |          |          |          | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 9.00*  | 14.30* | 13.40* | 9.00*   | 12.50* | 17.90*   |          |          | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 14.30* | 17.90* | 14.30* | 12.50*  | 14.30* | 17.90*   |          |          | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 14.30* | 21.50* | 12.50* | 17.90*  | 25.00  | 26.90*   |          |          | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 17.90* | 26.90* | 26.90* | 21.50*  | 30.00  | 26.90*   |          |          | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 41.20* | 35.80* | 35.80* | 36.00   | 44.75* | 53.70*   |          |          | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 17.90* | 20.00  | 17.90* | 17.90*  | 17.90* | 20.00    | 17.90*   | 17.90*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |        |        |        |         | 17.90* | 30.40*   | 25.00    | 25.00    | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 30.00  | 26.90* | 30.00  | 30.00   | 30.00  | 26.90*   | 30.00    | 30.00    | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |        |        |        |         | 15.00  | 30.00    |          |          | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 8.00   | 17.90* | 15.00  | 15.00   | 15.00  | 17.90*   |          |          | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 35.00  | 44.75* | 32.20* | 26.90*  | 30.00* | 62.70*   |          |          | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |        |        |        |         | 44.75* | 62.70*   |          |          | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 44.75* | 53.70* | 62.70* | 44.75*  | 62.70* | 62.70*   |          |          | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 9.00*  | 17.90* | 12.50* | 9.00*   | 13.40* | 17.90*   |          |          | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 20.00  | 17.90* | 17.90* | 12.50*  | 17.90* | 26.90*   |          |          | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   |        |        |        |         |        |          |          |          | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |        |        |        |         | 35.80* | 29.00*   |          |          | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |        |        |        |         | 12.50* | 17.90*   |          |          | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |        |        |        |         | 17.90* | 26.90*   |          |          | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |        |        |        |         | 30.00  | 44.75*   |          |          | 25 |
| 26 LIMITED CONSULTATION          | 17.90* | 35.00  | 39.40* | 37.60*  | 44.75* | 53.70*   |          |          | 26 |
| 27 EXTENSIVE CONSULTATION        |        |        |        |         | 62.70* | 62.70*   |          |          | 27 |
| 28 COMPREHENSIVE CONSULTATION    |        |        |        |         | 62.70* | 89.50*   |          |          | 28 |
| 29 PSYCHOTHERAPY-DNE HOUR        |        |        |        |         |        | 60.00    |          |          | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |        |        |        |         |        | 20.00    |          |          | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 10.70* | 14.30* | 12.50* | 10.70*  |        | 12.50*   |          |          | 31 |
| 32 INITIAL PHYSIOTHERAPY         |        |        |        |         | 17.90* | 17.90*   | 17.90*   | 17.90*   | 32 |
| 33 F/U PEDIATRIC OFFICE VISIT    |        |        |        |         | 16.10* | 16.10*   | 16.10*   | 16.10*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 26.90* | 27.50  | 26.90* | 25.00   | 30.00  | 30.00    |          |          | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 12.00  | 9.00*  | 12.00  | 12.00   | 9.00*  | 15.00*   |          |          | 35 |
| 36 SPIROMETRY                    |        |        |        |         | 30.00  | 30.00    | 30.00    | 30.00    | 36 |
| 37 ELECTROENCEPHALOGRAPH (EEG)   |        |        |        |         | 80.00  | 80.00    | 80.00    | 80.00    | 37 |
| 38 CHEMOTHERAPY                  |        |        |        |         | 35.00  | 19.00    |          |          | 38 |
| 39 COLLECTION OF SPECIMENS       |        |        |        |         |        |          |          |          | 39 |
| 40 DEBRIDEMENT OF NAILS          |        |        |        |         |        | 25.00    | 21.50*   | 21.50*   | 40 |
| 41 SKIN BIOPSY                   |        |        |        |         |        | 37.50    | 32.20*   | 32.20*   | 41 |
| 42 CHEMOCAUTERY                  |        |        |        |         |        | 35.00    | 35.00    | 35.00    | 42 |
| 43 RADICAL MASTECTOMY            |        |        |        |         |        | 895.00*  | 698.10*  | 674.80*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |        |        |        |         |        | 1002.40* |          |          | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 26.90* | 20.00  | 25.00  | 22.00   |        | 23.00    |          |          | 45 |
| 46 CORONARY ARTERY BYPASS        |        |        |        |         |        | 3700.00  |          |          | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |        |        |        |         |        | 2600.00  |          |          | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |        |        |        |         |        | 17.90*   | 21.50*   | 21.50*   | 48 |
| 49 BRONCHOSCOPY                  |        |        |        |         |        | 223.75*  | 179.00*  | 155.70*  | 49 |
| 50 THORACENTESIS                 |        |        |        |         |        | 50.00*   |          |          | 50 |
| 51 CATHETERIZATION OF HEART      |        |        |        |         |        | 447.50*  |          |          | 51 |
| 52 INSERTION OF PACEMAKER        |        |        |        |         |        | 1360.40* | 1074.00* | 1038.20* | 52 |
| 53 PARTIAL COLECTOMY             |        |        |        |         |        | 1088.30* | 859.20*  | 830.60*  | 53 |
| 54 APPENDECTOMY                  | 435.00 | 435.00 | 435.00 | 422.40* |        | 500.00   | 447.50*  | 358.00*  | 54 |
| 55 SIGMOIDOSCOPY                 |        |        |        |         |        | 44.75*   | 32.20*   | 32.20*   | 55 |



| 1982 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV. |         |         |         |         | TEXAS                               |         |         |         |     |
|--|---------|---------|---------|---------|-------------------------------------|---------|---------|---------|-----|
| LOCALITY DESIGNATION FOR GENERAL PRACTICE                            |         |         |         |         | LOCALITY DESIGNATION FOR SPECIALIST |         |         |         |     |
| PROCEOURE DESCRIPTION  | 15      | 16      | 17      | 18      | 15                                  | 16      | 17      | 18      |     |
| 56 HEMORRHOIDECTOMY  |         |         |         |         |                                     | 500.00  | 358.00* | 268.50* | 56  |
| 57 CHOLECYSTECTOMY   |         |         |         |         |                                     | 895.00* | 626.50* | 716.00* | 57  |
| 58 REPAIR HERNIA   |         |         |         |         |                                     | 492.25* | 447.50* | 447.50* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY                                      | 52.00   | 52.00   | 52.00   | 52.00   |                                     | 62.70*  |         |         | 59  |
| 60 DILATION OF URETHRA   |         |         |         |         |                                     | 17.90*  |         |         | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC  |         |         |         |         |                                     | 984.50* |         |         | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR)                                     | 880.00  | 880.00  | 880.00  | 844.90* |                                     | 895.00* |         |         | 62  |
| 63 HYSTERECTOMY  |         |         |         |         |                                     | 914.70* |         |         | 63  |
| 64 INITIAL COMPLETE EYE EXAM   |         |         |         |         |                                     |         |         |         | 64  |
| 65 COMPREHENSIVE EYE EXAM  |         |         |         |         |                                     | 35.00   |         |         | 65  |
| 66 EYE EXAM WITH TONOMETRY   |         |         |         |         |                                     | 17.90*  |         |         | 66  |
| 67 EXTRACTION OF LENS  | 1000.00 | 1125.00 | 1000.00 | 1000.00 |                                     | 832.40* |         |         | 67  |
| 68 CHEST X-RAY - SINGLE VIEW   | 17.90*  | 26.90*  | 26.90*  | 21.00   |                                     | 28.00   |         |         | 68  |
| 69 CHEST X-RAY - TWO VIEWS   | 17.90*  | 35.00   | 32.20*  | 21.00   |                                     | 33.10*  |         |         | 69  |
| 70 X-RAY SPINE   |         |         |         |         |                                     | 48.75   |         |         | 70  |
| 71 X-RAY HIP   |         |         |         |         |                                     | 26.00   |         |         | 71  |
| 72 X-RAY UPPER GI TRACT  | 48.30*  | 62.70*  | 53.70*  | 64.40*  |                                     | 71.60*  |         |         | 72  |
| 73 X-RAY COLON   |         |         |         |         |                                     | 71.60*  |         |         | 73  |
| 74 RAOIATION THERAPY-LOW VOLT  | 3.60*   | 5.00*   | 3.60*   | 3.60*   |                                     | 3.60*   |         |         | 74  |
| 75 RADIATION THERAPY-SUPER VOLT                                      | 25.50   | 20.00   | 25.50   | 25.50   |                                     | 19.70*  |         |         | 75  |
| 76 RADIATION THERAPY-MEGAVOLT  |         |         |         |         |                                     | 30.00*  |         |         | 76  |
| 77 CAT SCAN - HEAD   |         |         |         |         |                                     | 410.00  |         |         | 77  |
| 78 CAT SCAN - ABOOMEN  |         |         |         |         |                                     | 425.00  |         |         | 78  |
| 79 THREE CHEMISTRY TESTS   |         |         |         |         | 30.00                               | 30.00   | 30.00   | 30.00   | 79  |
| 80 NINETEEN CHEMISTRY TESTS  |         |         |         |         | 35.00                               | 35.00   | 35.00   | 35.00   | 80  |
| 81 CULTURE - OTHER THAN BLOOD  |         |         |         |         | 15.00                               | 15.00   | 15.00   | 15.00   | 81  |
| 82 HEMOGLOBIN  |         |         |         |         | 3.00L                               | 3.00L   | 3.00L   | 3.00L   | 82  |
| 83 AUTOMATED BLOOD COUNT   |         |         |         |         | 12.00                               | 12.00   | 12.00   | 12.00   | 83  |
| 84 WHITE CELL COUNT  |         |         |         |         | 4.00L                               | 4.00L   | 4.00L   | 4.00L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)  |         |         |         |         | 9.00L                               | 9.00L   | 9.00L   | 9.00L   | 85  |
| 86 CHOLESTEROL TEST  |         |         |         |         | 7.50L                               | 7.50L   | 7.50L   | 7.50L   | 86  |
| 87 FLOCCULATION TEST   |         |         |         |         | 10.00                               | 10.00   | 10.00   | 10.00   | 87  |
| 88 HEMATOCRIT  |         |         |         |         | 3.00L                               | 3.00L   | 3.00L   | 3.00L   | 88  |
| 89 PLATELET COUNT (REES-ECKER)                                       |         |         |         |         | 8.00                                | 8.00    | 8.00    | 8.00    | 89  |
| 90 POTASSIUM TEST - BLOOD  |         |         |         |         | 10.00                               | 10.00   | 10.00   | 10.00   | 90  |
| 91 PROTHROMBIN TIME TEST   |         |         |         |         | 7.00L                               | 7.00L   | 7.00L   | 7.00L   | 91  |
| 92 SEDIMENTATION RATE  |         |         |         |         | 6.00L                               | 6.00L   | 6.00L   | 6.00L   | 92  |
| 93 BLOOD SUGAR   |         |         |         |         | 7.00L                               | 7.00L   | 7.00L   | 7.00L   | 93  |
| 94 BUN-UREA - NITROGEN   |         |         |         |         | 8.00L                               | 8.00L   | 8.00L   | 8.00L   | 94  |
| 95 URIC ACIO   |         |         |         |         | 8.00L                               | 8.00L   | 8.00L   | 8.00L   | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING                                      |         |         |         |         | 3.50                                | 3.50    | 3.50    | 3.50    | 96  |
| 97 PAP TEST  |         |         |         |         | 8.85L                               | 8.85L   | 8.85L   | 8.85L   | 97  |
| 98 ROUTINE URINALYSIS  |         |         |         |         | 5.00L                               | 5.00L   | 5.00L   | 5.00L   | 98  |
| 99 CHEMICAL URINALYSIS   |         |         |         |         | 5.00                                | 5.00    | 5.00    | 5.00    | 99  |
| 100 PATHOLOGY - THREE SPECIMENS                                      |         |         |         |         |                                     | 81.00*  |         |         | 100 |
| 101 ELEC MONITORING-PACEMAKER  |         |         |         |         |                                     | 30.00   |         |         | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL                                     |         |         |         |         |                                     | 911.80* |         |         | 102 |
| 103 KIONNEY TRANSPLANT   |         |         |         |         |                                     |         |         |         | 103 |
| 104 HOSPITAL BED - RENTAL  |         |         |         |         | 44.00L                              | 44.00L  | 44.00L  | 44.00L  | 104 |
| 105 WALKER - RENTAL  |         |         |         |         | 15.00                               | 15.00   | 15.00   | 15.00   | 105 |
| 106 WHEELCHAIR - RENTAL  |         |         |         |         | 25.00L                              | 25.00L  | 25.00L  | 25.00L  | 106 |
| 107 LIQUIO OXYGEN - RENTAL   |         |         |         |         | 75.60                               | 75.60   | 75.60   | 75.60   | 107 |
| 108 HOSPITAL BED - PURCHASE  |         |         |         |         | 275.00L                             | 275.00L | 275.00L | 275.00L | 108 |
| 109 WALKER - PURCHASE  |         |         |         |         | 55.00                               | 55.00   | 55.00   | 55.00   | 109 |
| 110 WHEELCHAIR - PURCHASE  |         |         |         |         | 222.75L                             | 222.75L | 222.75L | 222.75L | 110 |

1982 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV.  
LDCALITY DESIGNATION FOR GENERAL PRACTICE

TEXAS  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 19      | 20     | 21      | 22      | 19       | 20       | 21      | 22      |    |
|----------------------------------|---------|--------|---------|---------|----------|----------|---------|---------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |        |         |         | 25.00*   | 20.00*   |         |         | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 20.00   | 25.00  | 26.00   | 25.00   | 44.75*   | 44.75*   |         |         | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |        |         |         |          |          |         |         | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 30.00   | 20.00  | 36.00   | 30.00   | 53.70*   | 62.70*   |         |         | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  |         |        |         |         |          |          |         |         | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 10.70*  | 12.50* | 9.00*   | 10.70*  | 14.30*   | 21.50*   |         |         | 6  |
| 7 LIMITED FOLLWDUP OFFICE VISIT  | 17.00   | 16.00  | 10.70*  | 10.00   | 14.30*   | 17.90*   |         |         | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 17.90*  | 17.90* | 14.30*  | 20.00   | 22.00    | 20.00*   |         |         | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 22.00   | 20.00  | 22.00   | 25.00   | 25.00*   | 35.80*   |         |         | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 28.00   | 36.00  | 40.00   | 30.00   | 44.75*   | 48.50    |         |         | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 23.00   | 26.90* | 16.10*  | 17.90*  | 23.00    | 26.90*   | 16.10*  | 17.90*  | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |        |         |         | 25.00    | 26.90*   | 18.00*  | 26.90*  | 12 |
| 13 INTERMDIATE F/U HOME VISIT    | 30.00   | 35.00  | 26.90*  | 26.90*  | 30.00    | 35.00    | 26.90*  | 26.90*  | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |        |         |         | 28.60*   | 30.00    |         |         | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 10.70*  | 14.30* | 14.30*  | 14.30*  | 17.90*   | 20.00    |         |         | 15 |
| 16 INITIAL BRIEF HDSPITAL VISIT  | 40.00   | 40.00  | 26.90*  | 40.00   | 44.75*   | 44.75*   |         |         | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |        |         |         | 44.75*   | 71.60*   |         |         | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 44.75*  | 50.00  | 45.00   | 44.75*  | 62.70*   | 89.50*   |         |         | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 17.90*  | 17.90* | 14.30*  | 10.70*  | 17.90*   | 21.50*   |         |         | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 20.00   | 21.00* | 17.90*  | 20.00   | 17.90*   | 25.00*   |         |         | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   |         |        |         |         |          |          |         |         | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |        |         |         | 35.00    | 35.00    |         |         | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |        |         |         | 14.30*   | 21.50*   |         |         | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |        |         |         | 25.00*   | 20.00*   |         |         | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |        |         |         | 44.75*   | 44.75*   |         |         | 25 |
| 26 LIMITED CONSULTATION          | 40.00*  | 37.60* | 26.90*  | 37.60*  | 45.00    | 53.70*   |         |         | 26 |
| 27 EXTENSIVE CONSULTATION        |         |        |         |         | 62.70*   | 60.00    |         |         | 27 |
| 28 CDMPREHENSIVE CDNSULTATIDN    |         |        |         |         | 62.70*   | 71.60*   |         |         | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |        |         |         |          | 71.60*   |         |         | 29 |
| 30 PSYCHOTHERAPY-HALF HDUR       |         |        |         |         |          | 26.90*   |         |         | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 12.50*  | 14.30* | 12.50*  | 12.50*  | 12.50*   | 14.30*   |         |         | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |        |         |         | 17.90*   | 17.90*   | 17.90*  | 17.90*  | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |        |         |         | 16.10*   | 16.10*   | 16.10*  | 16.10*  | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 26.90*  | 26.90* | 22.00   | 25.00   | 26.90*   | 31.30*   |         |         | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 5.00    | 10.00  | 14.30*  | 12.00   | 7.50     | 12.50    |         |         | 35 |
| 36 SPIROMETRY                    |         |        |         |         | 30.00    | 30.00    | 30.00   | 30.00   | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |        |         |         | 80.00    | 80.00    | 80.00   | 80.00   | 37 |
| 38 CHEMOTHERAPY                  |         |        |         |         | 21.50*   | 20.00    |         |         | 38 |
| 39 CDLLECTIDN OF SPECIMENS       |         |        |         |         |          |          |         |         | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |        |         |         | 25.00    | 23.30*   | 19.70*  | 19.70*  | 40 |
| 41 SKIN BIOPSY                   |         |        |         |         | 37.60*   | 35.80*   | 35.80*  | 40.00*  | 41 |
| 42 CHEMOCAUTERY                  |         |        |         |         | 35.00    | 35.00    | 25.00   | 35.00   | 42 |
| 43 RADICAL MASTECTOMY            |         |        |         |         | 814.50*  | 757.20*  | 617.60* | 617.60* | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |        |         |         | 945.10*  |          |         |         | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 26.00   | 25.00  | 12.00   | 17.90*  | 34.00    |          |         |         | 45 |
| 46 CORONARY ARTERY BYPASS        |         |        |         |         |          |          |         |         | 46 |
| 47 TDAL ARTIFICIAL HIP REPLACE   |         |        |         |         | 2340.00  |          |         |         | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |        |         |         | 25.10*   | 23.30*   | 19.70*  | 19.70*  | 48 |
| 49 BRDNCHDSCDPY                  |         |        |         |         | 225.00   | 175.40*  | 179.00* | 179.00* | 49 |
| 50 THORACENTESIS                 |         |        |         |         |          |          |         |         | 50 |
| 51 CATHERIZATION OF HEART        |         |        |         |         |          |          |         |         | 51 |
| 52 INSERTION OF PACEMAKER        |         |        |         |         | 1253.00* | 1163.50* | 716.00* | 948.70* | 52 |
| 53 PARTIAL COLECTOMY             |         |        |         |         | 1002.40* | 930.80*  | 759.00* | 759.00* | 53 |
| 54 APPENDECTOMY                  | 358.00* | 435.00 | 358.00* | 358.00* | 537.00*  | 537.00*  | 358.00* | 402.75* | 54 |
| 55 SIGMOIDOSCOPY                 |         |        |         |         | 37.60*   | 60.00    | 28.60*  | 28.60*  | 55 |



| 1982 PREVAILING CHARGE SUMMARY DATA      GROUP MEDICAL AND SURGICAL SERV. |        |         |         |         | TEXAS                               |         |         |         |     |
|---|--------|---------|---------|---------|-------------------------------------|---------|---------|---------|-----|
| LOCALITY DESIGNATION FOR GENERAL PRACTICE                                 |        |         |         |         | LOCALITY DESIGNATION FOR SPECIALIST |         |         |         |     |
| PROCEDURE DESCRIPTION   | 19     | 20      | 21      | 22      | 19                                  | 20      | 21      | 22      |     |
| 56 HEMORRHOIDECTOMY   |        |         |         |         | 447.50*                             | 349.10* | 358.00* | 268.50* | 56  |
| 57 CHOLECYSTECTOMY  |        |         |         |         | 787.00                              | 760.75* | 537.00* | 626.50* | 57  |
| 58 REPAIR HERNIA  |        |         |         |         | 447.50*                             | 500.00  | 358.00* | 358.00* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY   | 52.00  | 52.00   | 48.30*  | 48.30*  |                                     |         |         |         | 59  |
| 60 DILATION OF URETHRA  |        |         |         |         |                                     |         |         |         | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC   |        |         |         |         |                                     |         |         |         | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR)  | 880.00 | 880.00  | 759.00* | 773.30* |                                     |         |         |         | 62  |
| 63 HYSTERECTOMY   |        |         |         |         | 764.30*                             | 864.60* |         |         | 63  |
| 64 INITIAL COMPLETE EYE EXAM  |        |         |         |         |                                     |         |         |         | 64  |
| 65 COMPREHENSIVE EYE EXAM   |        |         |         |         | 30.00                               |         |         |         | 65  |
| 66 EYE EXAM WITH TONOMETRY  |        |         |         |         | 12.00                               |         |         |         | 66  |
| 67 EXTRACTION OF LENS   | 890.00 | 1000.00 | 948.70* | 966.60* | 716.00*                             |         |         |         | 67  |
| 68 CHEST X-RAY - SINGLE VIEW  | 20.00  | 26.90*  | 23.00   | 20.40   |                                     |         |         |         | 68  |
| 69 CHEST X-RAY - TWO VIEWS  | 28.60* | 32.20*  | 25.00   | 26.90*  |                                     |         |         |         | 69  |
| 70 X-RAY SPINE  |        |         |         |         |                                     |         |         |         | 70  |
| 71 X-RAY HIP  |        |         |         |         |                                     |         |         |         | 71  |
| 72 X-RAY UPPER GI TRACT   | 62.70* | 64.40*  | 65.00   | 62.70*  |                                     |         |         |         | 72  |
| 73 X-RAY COLON  |        |         |         |         |                                     |         |         |         | 73  |
| 74 RADIATION THERAPY-LOW VOLT   | 3.60*  | 3.60*   | 3.60*   | 3.60*   |                                     |         |         |         | 74  |
| 75 RADIATION THERAPY-SUPER VOLT   | 25.50  | 25.50   | 25.50   | 25.50   |                                     |         |         |         | 75  |
| 76 RADIATION THERAPY-MEGAVOLT   |        |         |         |         |                                     |         |         |         | 76  |
| 77 CAT SCAN - HEAD  |        |         |         |         |                                     |         |         |         | 77  |
| 78 CAT SCAN - ABDOMEN   |        |         |         |         |                                     |         |         |         | 78  |
| 79 THREE CHEMISTRY TESTS  |        |         |         |         | 30.00                               | 30.00   | 30.00   | 30.00   | 79  |
| 80 NINETEEN CHEMISTRY TESTS   |        |         |         |         | 35.00                               | 35.00   | 35.00   | 35.00   | 80  |
| 81 CULTURE - OTHER THAN BLOOD   |        |         |         |         | 15.00                               | 15.00   | 15.00   | 15.00   | 81  |
| 82 HEMOGLOBIN   |        |         |         |         | 3.00L                               | 3.00L   | 3.00L   | 3.00L   | 82  |
| 83 AUTOMATED BLOOD COUNT  |        |         |         |         | 12.00                               | 12.00   | 12.00   | 12.00   | 83  |
| 84 WHITE CELL COUNT   |        |         |         |         | 4.00L                               | 4.00L   | 4.00L   | 4.00L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)   |        |         |         |         | 9.00L                               | 9.00L   | 9.00L   | 9.00L   | 85  |
| 86 CHOLESTEROL TEST   |        |         |         |         | 7.50L                               | 7.50L   | 7.50L   | 7.50L   | 86  |
| 87 FLOCCULATION TEST  |        |         |         |         | 10.00                               | 10.00   | 10.00   | 10.00   | 87  |
| 88 HEMATOCRIT   |        |         |         |         | 3.00L                               | 3.00L   | 3.00L   | 3.00L   | 88  |
| 89 PLATELET COUNT (REES-ECKER)  |        |         |         |         | 8.00                                | 8.00    | 8.00    | 8.00    | 89  |
| 90 POTASSIUM TEST - BLOOD   |        |         |         |         | 10.00                               | 10.00   | 10.00   | 10.00   | 90  |
| 91 PROTHROMBIN TIME TEST  |        |         |         |         | 7.00L                               | 7.00L   | 7.00L   | 7.00L   | 91  |
| 92 SEDIMENTATION RATE   |        |         |         |         | 6.00L                               | 6.00L   | 6.00L   | 6.00L   | 92  |
| 93 BLOOD SUGAR  |        |         |         |         | 7.00L                               | 7.00L   | 7.00L   | 7.00L   | 93  |
| 94 BUN-UREA - NITROGEN  |        |         |         |         | 8.00L                               | 8.00L   | 8.00L   | 8.00L   | 94  |
| 95 URIC ACID  |        |         |         |         | 8.00L                               | 8.00L   | 8.00L   | 8.00L   | 95  |
| 96 FECES-OCULT BLOOD-SCREENING  |        |         |         |         | 3.50                                | 3.50    | 3.50    | 3.50    | 96  |
| 97 PAP TEST   |        |         |         |         | 8.85L                               | 8.85L   | 8.85L   | 8.85L   | 97  |
| 98 ROUTINE URINALYSIS   |        |         |         |         | 5.00L                               | 5.00L   | 5.00L   | 5.00L   | 98  |
| 99 CHEMICAL URINALYSIS  |        |         |         |         | 5.00                                | 5.00    | 5.00    | 5.00    | 99  |
| 100 PATHOLOGY - THREE SPECIMENS   |        |         |         |         |                                     |         |         |         | 100 |
| 101 ELEC MONITORING-PACEMAKER   |        |         |         |         |                                     |         |         |         | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL  |        |         |         |         |                                     |         |         |         | 102 |
| 103 KIDNEY TRANSPLANT   |        |         |         |         |                                     |         |         |         | 103 |
| 104 HOSPITAL BED - RENTAL   |        |         |         |         | 44.00L                              | 44.00L  | 44.00L  | 44.00L  | 104 |
| 105 WALKER - RENTAL   |        |         |         |         | 15.00                               | 15.00   | 15.00   | 15.00   | 105 |
| 106 WHEELCHAIR - RENTAL   |        |         |         |         | 25.00L                              | 25.00L  | 25.00L  | 25.00L  | 106 |
| 107 LIQUID OXYGEN - RENTAL  |        |         |         |         | 75.60                               | 75.60   | 75.60   | 75.60   | 107 |
| 108 HOSPITAL BED - PURCHASE   |        |         |         |         | 275.00L                             | 275.00L | 275.00L | 275.00L | 108 |
| 109 WALKER - PURCHASE   |        |         |         |         | 55.00                               | 55.00   | 55.00   | 55.00   | 109 |
| 110 WHEELCHAIR - PURCHASE   |        |         |         |         | 222.75L                             | 222.75L | 222.75L | 222.75L | 110 |

1982 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

TEXAS  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 23     | 24      | 25     | 26      | 23       | 24       | 25      | 26       |    |
|----------------------------------|--------|---------|--------|---------|----------|----------|---------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |        |         |        |         | 23.50    | 12.50*   | 26.90*  | 21.50*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 26.90* | 20.00   | 25.00  | 30.00   | 44.75*   | 44.75*   | 30.00   | 44.75*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |        |         |        |         |          |          |         |          | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 44.75* | 30.00   | 44.75* | 25.00   | 62.70*   | 44.75*   | 55.00   | 62.70*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  |        |         |        |         |          |          |         |          | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 12.50* | 9.00*   | 12.50* | 12.50*  | 17.90*   | 14.30*   | 17.90*  | 17.90*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 17.90* | 10.70*  | 14.30* | 13.40*  | 26.90*   | 12.50*   | 17.90*  | 17.90*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 21.50* | 10.70*  | 14.30* | 19.70*  | 26.90*   | 17.90*   | 17.90*  | 22.00    | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 20.00  | 17.90*  | 26.90* | 16.00   | 40.00    | 18.00    | 44.75*  | 35.80*   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 35.00  | 30.00   | 40.00* | 26.90*  | 62.70*   | 26.90*   | 25.00   | 53.70*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 26.90* | 17.90*  | 21.50* | 17.90*  | 26.90*   | 17.90*   | 21.50*  | 17.90*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |        |         |        |         | 26.90*   | 25.00    | 25.00   | 25.00    | 12 |
| 13 INTERMDIATE F/U HOME VISIT    | 25.00  | 30.00   | 30.00  | 30.00   | 25.00    | 30.00    | 30.00   | 30.00    | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |        |         |        |         | 32.20*   | 23.30*   | 25.00   | 30.00    | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 17.90* | 12.50*  | 21.50* | 17.90*  | 17.90*   | 12.50*   | 15.00   | 17.90*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 44.75* | 35.80*  | 44.75* | 35.80*  | 53.70*   | 44.75*   | 44.75*  | 60.00    | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |        |         |        |         | 62.70*   | 44.75*   | 53.70*  | 53.70*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 53.70* | 44.75*  | 44.75* | 44.75*  | 62.70*   | 44.75*   | 62.70*  | 62.70*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 17.90* | 15.00*  | 17.90* | 10.70*  | 17.90*   | 9.00*    | 17.90*  | 17.90*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 21.50* | 17.90*  | 18.60* | 17.90*  | 26.90*   | 20.00    | 21.50*  | 17.90*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   |        |         |        |         |          |          |         |          | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |        |         |        |         | 35.00    | 34.00*   | 35.00   | 46.00    | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |        |         |        |         | 17.90*   | 14.30*   | 17.90*  | 17.90*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |        |         |        |         | 23.50    | 12.50*   | 26.90*  | 21.50*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |        |         |        |         | 44.75*   | 44.75*   | 30.00   | 44.75*   | 25 |
| 26 LIMITED CONSULTATION          | 35.80* | 26.90*  | 25.10* | 44.75*  | 50.00    | 44.75*   | 55.00   | 50.00    | 26 |
| 27 EXTENSIVE CONSULTATION        |        |         |        |         | 62.70*   | 44.75*   | 62.70*  | 53.70*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |        |         |        |         | 89.50*   | 44.75*   | 71.60*  | 62.70*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |        |         |        |         | 46.00*   |          |         |          | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |        |         |        |         | 35.80*   |          |         |          | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 14.30* | 12.50*  | 14.30* | 12.50*  | 12.50*   |          | 12.50*  | 12.50*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |        |         |        |         | 17.90*   | 17.90*   | 17.90*  | 17.90*   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |        |         |        |         | 16.10*   | 16.10*   | 16.10*  | 16.10*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 26.90* | 26.90*  | 26.90* | 28.60*  | 30.00    | 35.00    | 30.00   | 28.60*   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 10.00  | 10.00   | 10.00  | 10.00   | 15.00*   | 16.10*   | 15.00   | 15.00    | 35 |
| 36 SPIROMETRY                    |        |         |        |         | 30.00    | 30.00    | 30.00   | 30.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |        |         |        |         | 80.00    | 80.00    | 80.00   | 80.00    | 37 |
| 38 CHEMOTHERAPY                  |        |         |        |         | 29.30    | 25.00    | 30.00   | 15.00    | 38 |
| 39 COLLECTION OF SPECIMENS       |        |         |        |         |          |          |         |          | 39 |
| 40 DEBRIDEMENT OF NAILS          |        |         |        |         | 25.00    | 21.50*   | 25.00   | 21.50*   | 40 |
| 41 SKIN BIOPSY                   |        |         |        |         | 35.00    | 17.90*   | 35.80*  | 35.80*   | 41 |
| 42 CHEMOCAUTERY                  |        |         |        |         | 35.00    | 35.00    | 35.00   | 35.00    | 42 |
| 43 RADICAL MASTECTOMY            |        |         |        |         | 1074.00* | 651.60*  | 767.90* | 687.40*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |        |         |        |         | 895.00*  |          | 859.20* |          | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 20.00  | 26.90*  | 25.00  | 15.00   | 15.00    |          | 25.00   |          | 45 |
| 46 CORONARY ARTERY BYPASS        |        |         |        |         | 3750.00  |          |         |          | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |        |         |        |         | 2275.00  |          | 1855.00 |          | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |        |         |        |         | 28.60*   | 25.00*   | 26.00   | 21.50*   | 48 |
| 49 BRONCHOSCOPY                  |        |         |        |         | 223.75*  | 150.40*  | 134.25* | 159.30*  | 49 |
| 50 THORACENTESIS                 |        |         |        |         | 39.40*   |          |         |          | 50 |
| 51 CATHETERIZATION OF HEART      |        |         |        |         | 492.25*  |          |         |          | 51 |
| 52 INSERTION OF PACEMAKER        |        |         |        |         | 1790.00* | 1002.40* | 671.25* | 1056.10* | 52 |
| 53 PARTIAL COLECTOMY             |        |         |        |         | 1102.60* | 801.90*  | 945.10* | 844.90*  | 53 |
| 54 APPENDECTOMY                  | 435.00 | 358.00* | 435.00 | 375.90* | 537.00*  | 400.00   | 447.50* | 447.50*  | 54 |
| 55 SIGMOIDOSCOPY                 |        |         |        |         | 50.00    | 30.40*   | 35.80*  | 32.50*   | 55 |

| 1982 PREVAILING CHARGE SUMMARY DATA      GROUP MEDICAL AND SURGICAL SERV.<br>LOCALITY DESIGNATION FOR GENERAL PRACTICE |         |         |         |         | TEXAS<br>LOCALITY DESIGNATION FOR SPECIALIST |         |         |         |     |
|--|---------|---------|---------|---------|--|---------|---------|---------|-----|
| PROCEDURE DESCRIPTION  | 23      | 24      | 25      | 26      | 23   | 24      | 25      | 26      |     |
| 56 HEMORRHOIDECTOMY  |         |         |         |         | 450.00                                       | 313.25* | 358.00* | 447.50* | 56  |
| 57 CHOLECYSTECTOMY   |         |         |         |         | 895.00*                                      | 650.00  | 805.50* | 581.75* | 57  |
| 58 REPAIR HERNIA   |         |         |         |         | 537.00*                                      | 400.00  | 447.50* | 402.75* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 52.00   | 51.90*  | 52.00   | 52.00   | 65.00*                                       |         |         |         | 59  |
| 60 DILATION OF URETHRA   |         |         |         |         | 20.00  |         |         |         | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC  |         |         |         |         | 895.00*                                      |         |         |         | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR)   | 880.00  | 830.60* | 880.00  | 830.60* | 895.00*                                      |         |         |         | 62  |
| 63 HYSTERECTOMY  |         |         |         |         | 964.80*                                      |         | 939.75* | 801.90* | 63  |
| 64 INITIAL COMPLETE EYE EXAM   |         |         |         |         |  |         |         |         | 64  |
| 65 COMPREHENSIVE EYE EXAM  |         |         |         |         | 44.75*                                       |         |         | 35.00   | 65  |
| 66 EYE EXAM WITH TONOMETRY   |         |         |         |         | 17.90*                                       |         |         | 10.00   | 66  |
| 67 EXTRACTION OF LENS  | 895.00* | 1000.00 | 1000.00 | 825.00  | 895.00*                                      |         |         | 716.00* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW   | 26.90*  | 25.00   | 26.90*  | 22.40*  | 14.30*                                       |         |         |         | 68  |
| 69 CHEST X-RAY - TWO VIEWS   | 26.90*  | 35.80*  | 32.00   | 26.90*  | 30.40*                                       |         |         |         | 69  |
| 70 X-RAY SPINE   |         |         |         |         | 53.70*                                       |         |         |         | 70  |
| 71 X-RAY HIP   |         |         |         |         | 28.60*                                       |         |         |         | 71  |
| 72 X-RAY UPPER GI TRACT  | 62.70*  | 65.00   | 65.00   | 62.70*  | 62.70*                                       |         |         |         | 72  |
| 73 X-RAY COLON   |         |         |         |         | 62.70*                                       |         |         |         | 73  |
| 74 RADIATION THERAPY-LOW VOLT  | 5.00*   | 3.60*   | 3.60*   | 3.60*   | 3.60*  |         |         |         | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  | 17.90*  | 25.50   | 25.50   | 25.50   | 16.10*                                       |         |         |         | 75  |
| 76 RADIATION THERAPY-MEGAVOLT  |         |         |         |         | 19.70*                                       |         |         |         | 76  |
| 77 CAT SCAN - HEAD   |         |         |         |         | 330.00                                       |         |         |         | 77  |
| 78 CAT SCAN - ABDOMEN  |         |         |         |         | 425.00                                       |         |         |         | 78  |
| 79 THREE CHEMISTRY TESTS   |         |         |         |         | 30.00  | 30.00   | 30.00   | 30.00   | 79  |
| 80 NINETEEN CHEMISTRY TESTS  |         |         |         |         | 35.00  | 35.00   | 35.00   | 35.00   | 80  |
| 81 CULTURE - OTHER THAN BLOOD  |         |         |         |         | 15.00  | 15.00   | 15.00   | 15.00   | 81  |
| 82 HEMOGLOBIN  |         |         |         |         | 3.00L  | 3.00L   | 3.00L   | 3.00L   | 82  |
| 83 AUTOMATED BLOOD COUNT   |         |         |         |         | 12.00  | 12.00   | 12.00   | 12.00   | 83  |
| 84 WHITE CELL COUNT  |         |         |         |         | 4.00L  | 4.00L   | 4.00L   | 4.00L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)  |         |         |         |         | 9.00L  | 9.00L   | 9.00L   | 9.00L   | 85  |
| 86 CHOLESTEROL TEST  |         |         |         |         | 7.50L  | 7.50L   | 7.50L   | 7.50L   | 86  |
| 87 FLOCCULATION TEST   |         |         |         |         | 10.00  | 10.00   | 10.00   | 10.00   | 87  |
| 88 HEMATOCRIT  |         |         |         |         | 3.00L  | 3.00L   | 3.00L   | 3.00L   | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |         |         |         | 8.00   | 8.00    | 8.00    | 8.00    | 89  |
| 90 POTASSIUM TEST - BLOOD  |         |         |         |         | 10.00  | 10.00   | 10.00   | 10.00   | 90  |
| 91 PROTHROMBIN TIME TEST   |         |         |         |         | 7.00L  | 7.00L   | 7.00L   | 7.00L   | 91  |
| 92 SEDIMENTATION RATE  |         |         |         |         | 6.00L  | 6.00L   | 6.00L   | 6.00L   | 92  |
| 93 BLOOD SUGAR   |         |         |         |         | 7.00L  | 7.00L   | 7.00L   | 7.00L   | 93  |
| 94 BUN-UREA - NITROGEN   |         |         |         |         | 8.00L  | 8.00L   | 8.00L   | 8.00L   | 94  |
| 95 URIC ACID   |         |         |         |         | 8.00L  | 8.00L   | 8.00L   | 8.00L   | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |         |         |         |         | 3.50   | 3.50    | 3.50    | 3.50    | 96  |
| 97 PAP TEST  |         |         |         |         | 8.85L  | 8.85L   | 8.85L   | 8.85L   | 97  |
| 98 ROUTINE URINALYSIS  |         |         |         |         | 5.00L  | 5.00L   | 5.00L   | 5.00L   | 98  |
| 99 CHEMICAL URINALYSIS   |         |         |         |         | 5.00   | 5.00    | 5.00    | 5.00    | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |         |         |         | 40.00  |         |         |         | 100 |
| 101 ELEC MONITORING-PACEMAKER  |         |         |         |         | 30.00  |         |         |         | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL   |         |         |         |         | 916.70*                                      |         |         |         | 102 |
| 103 KIDNEY TRANSPLANT  |         |         |         |         |  |         |         |         | 103 |
| 104 HOSPITAL BED - RENTAL  |         |         |         |         | 44.00L                                       | 44.00L  | 44.00L  | 44.00L  | 104 |
| 105 WALKER - RENTAL  |         |         |         |         | 15.00  | 15.00   | 15.00   | 15.00   | 105 |
| 106 WHEELCHAIR - RENTAL  |         |         |         |         | 25.00L                                       | 25.00L  | 25.00L  | 25.00L  | 106 |
| 107 LIQUID OXYGEN - RENTAL   |         |         |         |         | 75.60  | 75.60   | 75.60   | 75.60   | 107 |
| 108 HOSPITAL BED - PURCHASE  |         |         |         |         | 275.00L                                      | 275.00L | 275.00L | 275.00L | 108 |
| 109 WALKER - PURCHASE  |         |         |         |         | 55.00  | 55.00   | 55.00   | 55.00   | 109 |
| 110 WHEELCHAIR - PURCHASE  |         |         |         |         | 222.75L                                      | 222.75L | 222.75L | 222.75L | 110 |



| 1982 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV. |         |         |        |         | TEXAS                               |        |          |        |    |
|--|---------|---------|--------|---------|-------------------------------------|--------|----------|--------|----|
| LOCALITY DESIGNATION FOR GENERAL PRACTICE                            |         |         |        |         | LOCALITY DESIGNATION FOR SPECIALIST |        |          |        |    |
| PROCEDURE DESCRIPTION  | 27      | 28      | 29     | 30      | 27                                  | 28     | 29       | 30     |    |
| 1 INITIAL BRIEF OFFICE VISIT   |         |         |        |         | 20.00                               |        | 25.00*   | 1      |    |
| 2 INITIAL LIMITED OFFICE VISIT                                       | 26.90*  | 25.00   | 25.00  | 25.00*  | 20.00                               |        | 44.75*   | 2      |    |
| 3 INITIAL INTERMED OFFICE VISIT                                      |         |         |        |         |                                     |        |          | 3      |    |
| 4 INITIAL COMP OFFICE VISIT  | 40.00   | 44.75*  | 30.00  | 53.00   | 38.50                               |        | 53.70*   | 4      |    |
| 5 MINIMAL FOLLOWUP OFFICE VISIT                                      |         |         |        |         |                                     |        |          | 5      |    |
| 6 BRIEF FOLLOWUP OFFICE VISIT  | 9.00*   | 12.50*  | 10.70* | 10.70*  | 10.70*                              |        | 17.90*   | 6      |    |
| 7 LIMITED FOLLOWUP OFFICE VISIT                                      | 14.30*  | 10.70*  | 17.90* | 10.00   | 17.90*                              |        | 17.90*   | 7      |    |
| 8 INTERMEDIOATE F/U OFFICE VISIT                                     | 17.90*  | 10.70*  | 17.90* | 15.00   | 15.00                               |        | 17.90*   | 8      |    |
| 9 EXTENDED F/U OFFICE VISIT  | 25.00   | 25.00   | 26.90* | 25.00   | 23.00                               |        | 25.00*   | 9      |    |
| 10 COMP FOLLOWUP OFFICE VISIT  | 36.00   | 36.00   | 35.80* | 36.00   | 35.00                               |        | 44.75*   | 10     |    |
| 11 BRIEF FOLLOWUP HOME VISIT   | 12.50*  | 22.00   | 25.00  | 20.00*  | 12.50*                              | 22.00  | 25.00    | 20.00* | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT                                       |         |         |        |         | 17.90*                              | 25.00  | 26.90*   | 17.90* | 12 |
| 13 INTERMOIATE F/U HOME VISIT  | 30.00   | 30.00   | 26.90* | 30.00   | 30.00                               | 30.00  | 26.90*   | 30.00  | 13 |
| 14 EXTENDED CARE FACILITY VISIT                                      |         |         |        |         | 23.30*                              |        | 30.00    |        | 14 |
| 15 BRIEF F/U NURSING HOME VISIT                                      | 10.70*  | 17.90*  | 17.90* | 10.00   | 10.70*                              |        | 17.90*   |        | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT                                      | 26.90*  | 44.75*  | 35.80* | 44.75*  | 26.90*                              |        | 50.00*   |        | 16 |
| 17 INIT INTERMED HOSPITAL VISIT                                      |         |         |        |         | 44.75*                              |        | 62.70*   |        | 17 |
| 18 INITIAL COMP HOSPITAL VISIT                                       | 44.75*  | 44.75*  | 60.00  | 50.00   | 50.00                               |        | 71.60*   |        | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT                                     | 14.30*  | 10.70*  | 17.90* | 10.70*  | 10.70*                              |        | 17.90*   |        | 19 |
| 20 LIMITED F/U HOSPITAL VISIT  | 17.90*  | 25.00   | 17.90* | 15.00   | 17.90*                              |        | 26.90*   |        | 20 |
| 21 INTERMED F/U HOSPITAL VISIT                                       |         |         |        |         |                                     |        |          |        | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT                                       |         |         |        |         | 35.00*                              |        | 35.80*   |        | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT  |         |         |        |         | 10.70*                              |        | 17.90*   |        | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT                                      |         |         |        |         | 20.00                               |        | 25.00*   |        | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT                                     |         |         |        |         | 20.00                               |        | 44.75*   |        | 25 |
| 26 LIMITED CONSULTATION  | 26.90*  | 26.90*  | 45.00  | 16.10*  | 40.00                               |        | 53.70*   |        | 26 |
| 27 EXTENSIVE CONSULTATION  |         |         |        |         | 50.00                               |        | 53.70*   |        | 27 |
| 28 COMPREHENSIVE CONSULTATION  |         |         |        |         | 50.00                               |        | 71.60*   |        | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR  |         |         |        |         |                                     |        |          |        | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR   |         |         |        |         |                                     |        |          |        | 30 |
| 31 CHIROPRACTIC OFFICE VISIT   | 12.50*  | 12.50*  | 12.50* | 12.50*  | 10.70*                              |        | 12.50*   |        | 31 |
| 32 INITIAL PHYSIOTHERAPY   |         |         |        |         | 17.90*                              | 17.90* | 17.90*   | 17.90* | 32 |
| 33 F/U PODIATRIC OFFICE VISIT  |         |         |        |         | 16.10*                              | 16.10* | 16.10*   | 16.10* | 33 |
| 34 ELECTROCARDIOGRAM (EKG)   | 22.40*  | 26.90*  | 30.00  | 30.00   | 27.50                               |        | 30.00    |        | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY                                     | 12.00   | 12.00   | 12.00  | 12.00   | 9.00*                               |        | 15.00    |        | 35 |
| 36 SPIROMETRY  |         |         |        |         | 30.00                               | 30.00  | 30.00    | 30.00  | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)  |         |         |        |         | 80.00                               | 80.00  | 80.00    | 80.00  | 37 |
| 38 CHEMOTHERAPY  |         |         |        |         | 24.00                               |        | 10.00    |        | 38 |
| 39 COLLECTION OF SPECIMENS   |         |         |        |         |                                     |        |          |        | 39 |
| 40 DEBRIDEMENT OF NAILS  |         |         |        |         | 23.30*                              |        | 23.30*   |        | 40 |
| 41 SKIN BIOPSY   |         |         |        |         | 35.80*                              |        | 37.00*   |        | 41 |
| 42 CHEMOCAUTERY  |         |         |        |         | 35.00                               |        | 35.00    |        | 42 |
| 43 RADICAL MASTECTOMY  |         |         |        |         | 757.20*                             |        | 744.60*  |        | 43 |
| 44 OPEN REDUCTION OF FRACTURE  |         |         |        |         |                                     |        | 716.00*  |        | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT  | 22.00   | 15.00   | 25.00  | 22.00   |                                     |        | 30.00    |        | 45 |
| 46 CORONARY ARTERY BYPASS  |         |         |        |         |                                     |        |          |        | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE                                      |         |         |        |         |                                     |        | 2100.00  |        | 47 |
| 48 NEEDLE PUNCTURE OF BURSA  |         |         |        |         | 24.10*                              |        | 23.30*   |        | 48 |
| 49 BRONCHOSCOPY  |         |         |        |         | 223.75*                             |        | 171.80*  |        | 49 |
| 50 THORACENTESIS   |         |         |        |         |                                     |        |          |        | 50 |
| 51 CATHETERIZATION OF HEART  |         |         |        |         |                                     |        |          |        | 51 |
| 52 INSERTION OF PACEMAKER  |         |         |        |         | 1163.50*                            |        | 1145.60* |        | 52 |
| 53 PARTIAL COLECTOMY   |         |         |        |         | 930.80*                             |        | 916.50*  |        | 53 |
| 54 APPENDECTOMY  | 429.60* | 429.60* | 435.00 | 358.00* | 358.00*                             |        | 447.50*  |        | 54 |
| 55 SIGMOIDOSCOPY   |         |         |        |         | 44.75*                              |        | 44.75*   |        | 55 |

1982 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

TEXAS  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 27      | 28      | 29     | 30      | 27      | 28      | 29      | 30      |     |
|----------------------------------|---------|---------|--------|---------|---------|---------|---------|---------|-----|
| 56 HEMORRHOIDECTOMY              |         |         |        |         | 358.00* |         | 447.50* |         | 56  |
| 57 CHOLECYSTECTOMY               |         |         |        |         | 626.50* |         | 626.50* |         | 57  |
| 58 REPAIR HERNIA                 |         |         |        |         | 358.00* |         | 447.50* |         | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 52.00   | 52.00   | 52.00  | 52.00   |         |         |         |         | 59  |
| 60 DILATION OF URETHRA           |         |         |        |         |         |         |         |         | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         |         |        |         |         |         |         |         | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 859.20* | 859.20* | 880.00 | 880.00  |         |         |         |         | 62  |
| 63 HYSTERECTOMY                  |         |         |        |         |         |         | 952.30* |         | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |         |        |         |         |         |         |         | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |         |        |         |         |         | 35.00   |         | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |         |        |         |         |         | 15.00   |         | 66  |
| 67 EXTRACTION OF LENS            | 1000.00 | 1000.00 | 900.00 | 1000.00 |         |         | 895.00* |         | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 16.00   | 21.50*  | 30.40* | 25.00   |         |         |         |         | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 26.90*  | 30.00   | 31.00  | 26.90*  |         |         |         |         | 69  |
| 70 X-RAY SPINE                   |         |         |        |         |         |         |         |         | 70  |
| 71 X-RAY HIP                     |         |         |        |         |         |         |         |         | 71  |
| 72 X-RAY UPPER GI TRACT          | 40.00   | 64.40*  | 62.70* | 62.70*  |         |         |         |         | 72  |
| 73 X-RAY COLON                   |         |         |        |         |         |         |         |         | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 3.60*   | 3.60*   | 3.60*  | 3.60*   |         |         |         |         | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  | 25.50   | 25.50   | 16.10* | 25.50   |         |         |         |         | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         |         |        |         |         |         |         |         | 76  |
| 77 CAT SCAN - HEAD               |         |         |        |         |         |         |         |         | 77  |
| 78 CAT SCAN - ABDOMEN            |         |         |        |         |         |         |         |         | 78  |
| 79 THREE CHEMISTRY TESTS         |         |         |        |         | 30.00   | 30.00   | 30.00   | 30.00   | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |         |        |         | 35.00   | 35.00   | 35.00   | 35.00   | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         |         |        |         | 15.00   | 15.00   | 15.00   | 15.00   | 81  |
| 82 HEMOGLOBIN                    |         |         |        |         | 3.00L   | 3.00L   | 3.00L   | 3.00L   | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |         |        |         | 12.00   | 12.00   | 12.00   | 12.00   | 83  |
| 84 WHITE CELL COUNT              |         |         |        |         | 4.00L   | 4.00L   | 4.00L   | 4.00L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |         |        |         | 9.00L   | 9.00L   | 9.00L   | 9.00L   | 85  |
| 86 CHOLESTEROL TEST              |         |         |        |         | 7.50L   | 7.50L   | 7.50L   | 7.50L   | 86  |
| 87 FLOCCULATION TEST             |         |         |        |         | 10.00   | 10.00   | 10.00   | 10.00   | 87  |
| 88 HEMATOCRIT                    |         |         |        |         | 3.00L   | 3.00L   | 3.00L   | 3.00L   | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |         |        |         | 8.00    | 8.00    | 8.00    | 8.00    | 89  |
| 90 POTASSIUM TEST - BLOOD        |         |         |        |         | 10.00   | 10.00   | 10.00   | 10.00   | 90  |
| 91 PROTHROMBIN TIME TEST         |         |         |        |         | 7.00L   | 7.00L   | 7.00L   | 7.00L   | 91  |
| 92 SEDIMENTATION RATE            |         |         |        |         | 6.00L   | 6.00L   | 6.00L   | 6.00L   | 92  |
| 93 BLOOD SUGAR                   |         |         |        |         | 7.00L   | 7.00L   | 7.00L   | 7.00L   | 93  |
| 94 BUN-UREA - NITROGEN           |         |         |        |         | 8.00L   | 8.00L   | 8.00L   | 8.00L   | 94  |
| 95 URIC ACID                     |         |         |        |         | 8.00L   | 8.00L   | 8.00L   | 8.00L   | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |         |         |        |         | 3.50    | 3.50    | 3.50    | 3.50    | 96  |
| 97 PAP TEST                      |         |         |        |         | 8.85L   | 8.85L   | 8.85L   | 8.85L   | 97  |
| 98 ROUTINE URINALYSIS            |         |         |        |         | 5.00L   | 5.00L   | 5.00L   | 5.00L   | 98  |
| 99 CHEMICAL URINALYSIS           |         |         |        |         | 5.00    | 5.00    | 5.00    | 5.00    | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |         |        |         |         |         |         |         | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |         |        |         |         |         |         |         | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |         |        |         |         |         |         |         | 102 |
| 103 KIDNEY TRANSPLANT            |         |         |        |         |         |         |         |         | 103 |
| 104 HOSPITAL BED - RENTAL        |         |         |        |         | 44.00L  | 44.00L  | 44.00L  | 44.00L  | 104 |
| 105 WALKER - RENTAL              |         |         |        |         | 15.00   | 15.00   | 15.00   | 15.00   | 105 |
| 106 WHEELCHAIR - RENTAL          |         |         |        |         | 25.00L  | 25.00L  | 25.00L  | 25.00L  | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         |         |        |         | 75.60   | 75.60   | 75.60   | 75.60   | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |         |        |         | 275.00L | 275.00L | 275.00L | 275.00L | 108 |
| 109 WALKER - PURCHASE            |         |         |        |         | 55.00   | 55.00   | 55.00   | 55.00   | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |         |        |         | 222.75L | 222.75L | 222.75L | 222.75L | 110 |



1982 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

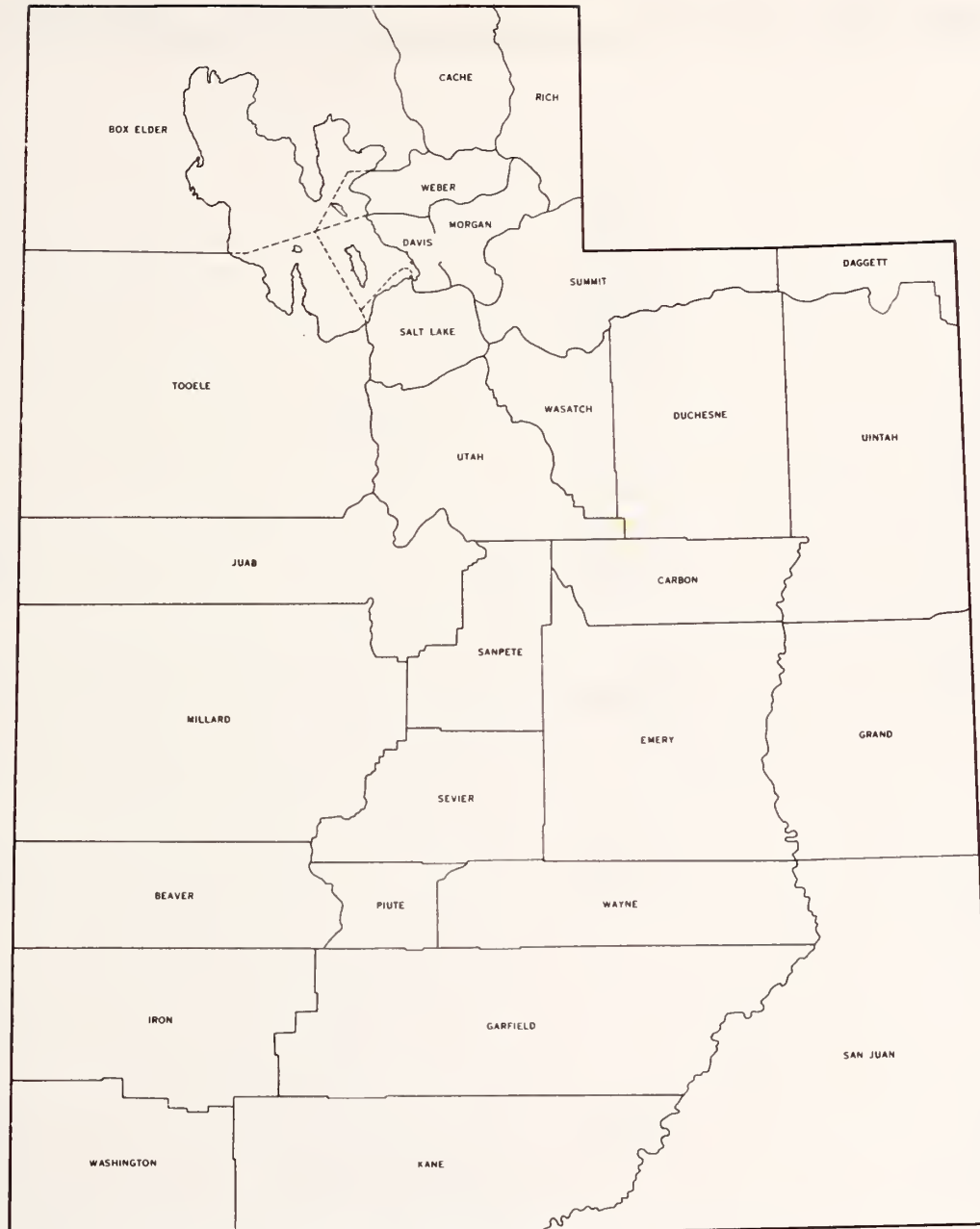
TEXAS  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 31      | 32      | 33      | 34      | 31       | 32       | 33       | 34       |    |
|----------------------------------|---------|---------|---------|---------|----------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |         |         |         | 21.90*   | 25.00*   | 18.00*   | 26.90*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 15.00   | 40.00   | 25.00   | 25.00   | 44.75*   | 53.70*   | 40.00    | 35.80*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |         |         |          |          |          |          | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 26.00   | 30.00   | 40.00   | 31.00   | 62.70*   | 62.70*   | 53.70*   | 44.75*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  |         |         |         |         |          |          |          |          | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 10.70*  | 10.70*  | 10.70*  | 9.00*   | 17.90*   | 17.90*   | 17.90*   | 12.50*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 14.30*  | 17.90*  | 17.90*  | 17.90*  | 12.50*   | 17.90*   | 17.90*   | 17.90*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 17.90*  | 20.00*  | 17.90*  | 20.00   | 30.00*   | 17.90*   | 17.90*   | 26.90*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 25.00   | 38.50   | 20.00   | 25.00   | 35.80*   | 40.00*   | 20.00*   | 39.40*   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 40.00   | 44.75*  | 26.90*  | 39.40*  | 44.75*   | 55.00    | 35.80*   | 35.80*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 17.90*  | 25.00   | 21.50*  | 17.90*  | 17.90*   | 25.00    | 21.50*   | 17.90*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |         |         |         | 17.90*   | 26.90*   | 25.00    | 25.00    | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 30.00   | 30.00   | 26.90*  | 30.00   | 30.00    | 30.00    | 26.90*   | 30.00    | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |         |         | 25.10*   | 15.00    | 25.00    | 26.90*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 15.00   | 17.90*  | 17.90*  | 12.50*  | 12.50*   | 13.40*   | 17.90*   | 12.50*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 26.90*  | 44.75*  | 34.00*  | 28.60*  | 44.75*   | 44.75*   | 44.75*   | 44.75*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         |         |         | 44.75*   | 62.70*   | 62.70*   | 44.75*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 40.00   | 53.70*  | 44.75*  | 44.75*  | 62.70*   | 62.70*   | 71.60*   | 44.75*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 14.30*  | 17.90*  | 17.90*  | 14.30*  | 12.00    | 17.90*   | 17.90*   | 17.90*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 10.00   | 17.90*  | 17.90*  | 20.00*  | 17.90*   | 26.90*   | 26.90*   | 20.00*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   |         |         |         |         |          |          |          |          | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         |         |         | 17.90*   | 35.00    | 28.20*   | 35.00    | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |         |         |         | 17.90*   | 17.90*   | 17.90*   | 12.50*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         |         |         | 21.90*   | 25.00*   | 18.00*   | 26.90*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |         |         |         | 44.75*   | 53.70*   | 40.00    | 35.80*   | 25 |
| 26 LIMITED CONSULTATION          | 21.00*  | 35.00*  | 35.00*  | 43.00*  | 50.00    | 44.75*   | 44.75*   | 36.00    | 26 |
| 27 EXTENSIVE CONSULTATION        |         |         |         |         | 62.70*   | 62.70*   | 62.70*   | 44.75*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |         |         |         | 62.70*   | 75.00*   | 89.50*   | 62.70*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |         |         |         |          |          | 35.80*   |          | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |         |         |         |          |          | 35.80*   |          | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 12.50*  | 14.30*  | 14.30*  | 10.70*  | 10.70*   |          | 12.50*   |          | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |         |         |         | 17.90*   | 17.90*   | 17.90*   | 17.90*   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |         |         |         | 16.10*   | 16.10*   | 16.10*   | 16.10*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 25.00   | 25.00   | 26.90*  | 25.00   | 25.00    | 27.50    | 25.00    | 26.90*   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 12.00   | 10.00   | 5.00    | 12.00   | 15.00    | 15.00    | 9.00*    | 15.00    | 35 |
| 36 SPIROMETRY                    |         |         |         |         | 30.00    | 30.00    | 30.00    | 30.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |         |         |         | 80.00    | 80.00    | 80.00    | 80.00    | 37 |
| 38 CHEMOTHERAPY                  |         |         |         |         | 25.00    | 14.90    | 28.00    | 25.00*   | 38 |
| 39 COLLECTION OF SPECIMENS       |         |         |         |         |          |          |          |          | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |         |         |         | 21.50*   | 23.30*   | 25.00    | 23.10*   | 40 |
| 41 SKIN BIOPSY                   |         |         |         |         | 40.00*   | 40.00    | 26.90*   | 26.90*   | 41 |
| 42 CHEMOCAUTERY                  |         |         |         |         | 35.00    | 35.00    | 35.00    | 35.00    | 42 |
| 43 RADICAL MASTECTOMY            |         |         |         |         | 664.10*  | 710.60*  | 805.50*  | 687.40*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |         |         |         |          |          | 716.00*  |          | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 13.00   | 17.90*  | 20.00   | 20.00   |          |          | 17.90*   |          | 45 |
| 46 CORONARY ARTERY BYPASS        |         |         |         |         |          |          |          |          | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         |         |         |          |          | 2000.00  |          | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |         |         |         | 21.50*   | 23.30*   | 25.10*   | 21.50*   | 48 |
| 49 BRONCHOSCOPY                  |         |         |         |         | 153.90*  | 179.00*  | 182.60*  | 159.30*  | 49 |
| 50 THORACENTESIS                 |         |         |         |         |          |          |          |          | 50 |
| 51 CATHETERIZATION OF HEART      |         |         |         |         |          |          |          |          | 51 |
| 52 INSERTION OF PACEMAKER        |         |         |         |         | 1020.30* | 1091.90* | 1217.20* | 1056.10* | 52 |
| 53 PARTIAL COLECTOMY             |         |         |         |         | 816.20*  | 873.50*  | 973.80*  | 844.90*  | 53 |
| 54 APPENDECTOMY                  | 358.00* | 358.00* | 402.75* | 358.00* | 537.00*  | 402.75*  | 447.50*  | 537.00*  | 54 |
| 55 SIGMOIDOSCOPY                 |         |         |         |         | 35.00    | 35.00*   | 44.75*   | 32.20*   | 55 |

| 1982 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV.<br>LOCALITY DESIGNATION FOR GENERAL PRACTICE |         |         |         |         | TEXAS<br>LOCALITY DESIGNATION FOR SPECIALIST |         |         |         |     |
|---|---------|---------|---------|---------|--|---------|---------|---------|-----|
| PROCEDURE DESCRIPTION   | 31      | 32      | 33      | 34      | 31   | 32      | 33      | 34      |     |
| 56 HEMORRHOIDECTOMY   |         |         |         |         | 402.75*                                      | 268.50* | 447.50* | 402.75* | 56  |
| 57 CHOLECYSTECTOMY  |         |         |         |         | 600.00                                       | 626.50* | 716.00* | 671.25* | 57  |
| 58 REPAIR HERNIA  |         |         |         |         | 400.00                                       | 400.00  | 447.50* | 402.75* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY   | 48.30*  | 48.30*  | 52.00   | 50.10*  |  |         | 57.30*  |         | 59  |
| 60 DILATION OF URETHRA  |         |         |         |         |  |         | 17.90*  |         | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC   |         |         |         |         |  |         | 895.00* |         | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR)  | 759.00* | 759.00* | 880.00  | 787.60* |  |         | 895.00* |         | 62  |
| 63 HYSTERECTOMY   |         |         |         |         |  |         | 889.60* |         | 63  |
| 64 INITIAL COMPLETE EYE EXAM  |         |         |         |         |  |         |         |         | 64  |
| 65 COMPREHENSIVE EYE EXAM   |         |         |         |         |  |         | 35.80*  |         | 65  |
| 66 EYE EXAM WITH TONOMETRY  |         |         |         |         |  |         | 17.90*  |         | 66  |
| 67 EXTRACTION OF LENS   | 948.70* | 948.70* | 1000.00 | 984.50* |  |         | 895.00* |         | 67  |
| 68 CHEST X-RAY - SINGLE VIEW  | 26.00   | 20.00   | 22.40*  | 21.50*  |  |         | 22.40*  |         | 68  |
| 69 CHEST X-RAY - TWO VIEWS  | 26.90*  | 26.90*  | 28.60*  | 26.90*  |  |         | 28.60*  |         | 69  |
| 70 X-RAY SPINE  |         |         |         |         |  |         | 60.00   |         | 70  |
| 71 X-RAY HIP  |         |         |         |         |  |         | 35.50   |         | 71  |
| 72 X-RAY UPPER GI TRACT   | 65.00   | 62.70*  | 68.00   | 53.70*  |  |         | 71.50   |         | 72  |
| 73 X-RAY COLON  |         |         |         |         |  |         | 71.60*  |         | 73  |
| 74 RADIATION THERAPY-LOW VOLT   | 3.60*   | 3.60*   | 3.60*   | 3.60*   |  |         | 3.60*   |         | 74  |
| 75 RADIATION THERAPY-SUPER VOLT   | 25.50   | 16.10*  | 19.70*  | 25.50   |  |         | 16.10*  |         | 75  |
| 76 RADIATION THERAPY-MEGAVOLT   |         |         |         |         |  |         | 17.90*  |         | 76  |
| 77 CAT SCAN - HEAD  |         |         |         |         |  |         | 410.00  |         | 77  |
| 78 CAT SCAN - ABDOMEN   |         |         |         |         |  |         | 425.00  |         | 78  |
| 79 THREE CHEMISTRY TESTS  |         |         |         |         | 30.00  | 30.00   | 30.00   | 30.00   | 79  |
| 80 NINETEEN CHEMISTRY TESTS   |         |         |         |         | 35.00  | 35.00   | 35.00   | 35.00   | 80  |
| 81 CULTURE - OTHER THAN BLOOD   |         |         |         |         | 15.00  | 15.00   | 15.00   | 15.00   | 81  |
| 82 HEMOGLOBIN   |         |         |         |         | 3.00L  | 3.00L   | 3.00L   | 3.00L   | 82  |
| 83 AUTOMATED BLOOD COUNT  |         |         |         |         | 12.00  | 12.00   | 12.00   | 12.00   | 83  |
| 84 WHITE CELL COUNT   |         |         |         |         | 4.00L  | 4.00L   | 4.00L   | 4.00L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)   |         |         |         |         | 9.00L  | 9.00L   | 9.00L   | 9.00L   | 85  |
| 86 CHOLESTEROL TEST   |         |         |         |         | 7.50L  | 7.50L   | 7.50L   | 7.50L   | 86  |
| 87 FLOCCULATION TEST  |         |         |         |         | 10.00  | 10.00   | 10.00   | 10.00   | 87  |
| 88 HEMATOCRIT   |         |         |         |         | 3.00L  | 3.00L   | 3.00L   | 3.00L   | 88  |
| 89 PLATELET COUNT (REES-ECKER)  |         |         |         |         | 8.00   | 8.00    | 8.00    | 8.00    | 89  |
| 90 POTASSIUM TEST - BLOOD   |         |         |         |         | 10.00  | 10.00   | 10.00   | 10.00   | 90  |
| 91 PROTHROMBIN TIME TEST  |         |         |         |         | 7.00L  | 7.00L   | 7.00L   | 7.00L   | 91  |
| 92 SEDIMENTATION RATE   |         |         |         |         | 6.00L  | 6.00L   | 6.00L   | 6.00L   | 92  |
| 93 BLOOD SUGAR  |         |         |         |         | 7.00L  | 7.00L   | 7.00L   | 7.00L   | 93  |
| 94 BUN-UREA - NITROGEN  |         |         |         |         | 8.00L  | 8.00L   | 8.00L   | 8.00L   | 94  |
| 95 URIC ACID  |         |         |         |         | 8.00L  | 8.00L   | 8.00L   | 8.00L   | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING   |         |         |         |         | 3.50   | 3.50    | 3.50    | 3.50    | 96  |
| 97 PAP TEST   |         |         |         |         | 8.85L  | 8.85L   | 8.85L   | 8.85L   | 97  |
| 98 ROUTINE URINALYSIS   |         |         |         |         | 5.00L  | 5.00L   | 5.00L   | 5.00L   | 98  |
| 99 CHEMICAL URINALYSIS  |         |         |         |         | 5.00   | 5.00    | 5.00    | 5.00    | 99  |
| 100 PATHOLOGY - THREE SPECIMENS   |         |         |         |         |  |         |         |         | 100 |
| 101 ELEC MONITORING-PACEMAKER   |         |         |         |         |  |         |         |         | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL  |         |         |         |         |  |         | 865.30* |         | 102 |
| 103 KIDNEY TRANSPLANT   |         |         |         |         |  |         |         |         | 103 |
| 104 HOSPITAL BED - RENTAL   |         |         |         |         | 44.00L                                       | 44.00L  | 44.00L  | 44.00L  | 104 |
| 105 WALKER - RENTAL   |         |         |         |         | 15.00  | 15.00   | 15.00   | 15.00   | 105 |
| 106 WHEELCHAIR - RENTAL   |         |         |         |         | 25.00L                                       | 25.00L  | 25.00L  | 25.00L  | 106 |
| 107 LIQUID OXYGEN - RENTAL  |         |         |         |         | 75.60  | 75.60   | 75.60   | 75.60   | 107 |
| 108 HOSPITAL BED - PURCHASE   |         |         |         |         | 275.00L                                      | 275.00L | 275.00L | 275.00L | 108 |
| 109 WALKER - PURCHASE   |         |         |         |         | 55.00  | 55.00   | 55.00   | 55.00   | 109 |
| 110 WHEELCHAIR - PURCHASE   |         |         |         |         | 222.75L                                      | 222.75L | 222.75L | 222.75L | 110 |

UTAH

# UTAH



One Locality - Statewide

1982 PREVAILING CHARGE SUMMARY DATA B/S OF UTAH  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

UTAH  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | O1      | O1       |    |
|----------------------------------|---------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         | 18.00*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 15.00*  | 18.00*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         | 37.50*   | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 45.50*  | 51.80*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 7.10*   | 8.00*    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 10.40*  | 10.70*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 10.40*  | 10.70*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 12.60*  | 16.10*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 18.00*  | 18.80*   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 35.00*  | 37.50*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 18.00*  | 19.40*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         | 18.00*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 22.30*  | 18.00*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         | 10.00*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 10.40*  | 10.70*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 32.20*  | 28.90*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         | 48.50*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 75.10*  | 66.20*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 10.70*  | 11.80*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 14.90*  | 14.00*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 20.00*  | 26.00*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         | 27.70*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         | 15.00*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         | 26.00*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         | 33.60*   | 25 |
| 26 LIMITED CONSULTATION          | 32.20*  | 28.90*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         | 53.70*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         | 77.90*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         | 35.00*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         | 30.60*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 14.90*  | 12.00*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |          | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         | 14.00*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 27.50*  | 26.00*   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 14.96*  | 10.00*   | 35 |
| 36 SPIROMETRY                    |         | 8.40*    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         | 62.60*   | 37 |
| 38 CHEMOTHERAPY                  |         | 18.00*   | 38 |
| 39 COLLECTION OF SPECIMENS       |         | 3.00*    | 39 |
| 40 DEBRIDEMENT OF NAILS          |         | 40.00*   | 40 |
| 41 SKIN BIOPSY                   |         | 26.30*   | 41 |
| 42 CHEMOCAUTERY                  |         | 5.00*    | 42 |
| 43 RADICAL MASTECTOMY            |         | 537.00*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         | 859.10*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 21.50*  | 25.10*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         |          | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         | 1165.00* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         | 24.60*   | 48 |
| 49 BRONCHOSCOPY                  |         | 157.50*  | 49 |
| 50 THORACENTESIS                 |         | 45.00*   | 50 |
| 51 CATHETERIZATION OF HEART      |         | 399.20*  | 51 |
| 52 INSERTION OF PACEMAKER        |         | 567.00*  | 52 |
| 53 PARTIAL COLECTOMY             |         | 877.10*  | 53 |
| 54 APPENDECTOMY                  | 336.50* | 351.40*  | 54 |
| 55 SIGMOIDOSCOPY                 |         | 32.20*   | 55 |



1982 PREVAILING CHARGE SUMMARY DATA B/S OF UTAH  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

UTAH  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | O1     | O1      |     |
|----------------------------------|--------|---------|-----|
| 56 HEMORRHOIDECTOMY              |        | 304.20* | 56  |
| 57 CHOLECYSTECTOMY               |        | 558.50* | 57  |
| 58 REPAIR HERNIA                 |        | 383.50* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  |        | 71.60*  | 59  |
| 60 DILATION OF URETHRA           |        | 20.00*  | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |        | 716.00* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) |        | 716.00* | 62  |
| 63 HYSTERECTOMY                  |        | 716.00* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |        | 22.50*  | 64  |
| 65 COMPREHENSIVE EYE EXAM        |        | 28.00*  | 65  |
| 66 EYE EXAM WITH TONOMETRY       |        | 12.00*  | 66  |
| 67 EXTRACTION OF LENS            |        | 716.00* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 21.50* | 19.40*  | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 32.00* | 26.80*  | 69  |
| 70 X-RAY SPINE                   |        | 32.50*  | 70  |
| 71 X-RAY HIP                     |        | 31.90*  | 71  |
| 72 X-RAY UPPER GI TRACT          | 53.70* | 62.60*  | 72  |
| 73 X-RAY COLON                   |        | 62.60*  | 73  |
| 74 RADIATION THERAPY-LOW VOLT    |        |         | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |        |         | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |        |         | 76  |
| 77 CAT SCAN - HEAD               |        | 303.00* | 77  |
| 78 CAT SCAN - ABDOMEN            |        | 118.50* | 78  |
| 79 THREE CHEMISTRY TESTS         |        | 6.00L   | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |        | 8.00L   | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |        | 5.20L   | 81  |
| 82 HEMOGLOBIN                    |        | 2.50L   | 82  |
| 83 AUTOMATED BLOOD COUNT         |        | 5.20*   | 83  |
| 84 WHITE CELL COUNT              |        | 3.00L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |        | 6.00L   | 85  |
| 86 CHOLESTEROL TEST              |        | 3.50L   | 86  |
| 87 FLOCCULATION TEST             |        |         | 87  |
| 88 HEMATOCRIT                    |        | 2.00L   | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |        | 4.00L   | 89  |
| 90 POTASSIUM TEST - BLOOD        |        | 3.50L   | 90  |
| 91 PROTHROMBIN TIME TEST         |        | 5.00L   | 91  |
| 92 SEDIMENTATION RATE            |        | 3.00L   | 92  |
| 93 BLOOD SUGAR                   |        | 3.50L   | 93  |
| 94 BUN-UREA - NITROGEN           |        | 4.00L   | 94  |
| 95 URIC ACID                     |        | 3.50L   | 95  |
| 96 FECES-OCULT BLOOD-SCREENING   |        | 3.00L   | 96  |
| 97 PAP TEST                      |        | 3.75L   | 97  |
| 98 ROUTINE URINALYSIS            |        | 3.00L   | 98  |
| 99 CHEMICAL URINALYSIS           |        | 4.00*   | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |        | 15.00L  | 100 |
| 101 ELEC MONITORING-PACEMAKER    |        | 60.00*  | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |        |         | 102 |
| 103 KIDNEY TRANSPLANT            |        |         | 103 |
| 104 HOSPITAL BED - RENTAL        |        | 54.60L  | 104 |
| 105 WALKER - RENTAL              |        | 12.60L  | 105 |
| 106 WHEELCHAIR - RENTAL          |        | 27.30L  | 106 |
| 107 LIQUID OXYGEN - RENTAL       |        | 41.00*  | 107 |
| 108 HOSPITAL BED - PURCHASE      |        | 471.45L | 108 |
| 109 WALKER - PURCHASE            |        | 51.50*  | 109 |
| 110 WHEELCHAIR - PURCHASE        |        | 262.50L | 110 |

VERMONT

# VERMONT



One Locality - Statewide

1982 PREVAILING CHARGE SUMMARY DATA NEW HAMPSHIRE-VERMONT B/S  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

VERMONT  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEQURE DESCRIPTION            | O2     | O2       |    |
|----------------------------------|--------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |        | 8.00     | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 16.00  | 21.50*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |        | 30.00    | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 52.00  | 44.75*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 6.00   | 7.00     | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 10.70* | 10.70*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 14.30* | 14.30*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 14.30* | 25.00    | 8  |
| 9 EXTENDED F/U OFFICE VISIT      |        |          | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 32.20* | 44.75*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 13.40* | 13.40*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |        | 20.00    | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 25.00  | 30.00    | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |        | 17.00    | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 10.70* | 10.70*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 25.00  | 44.75*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |        |          | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 40.00  | 74.00    | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 10.70* | 14.30*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    |        |          | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 17.00  | 25.00    | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |        | 35.80*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |        | 10.00*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |        | 17.90*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |        | 30.00    | 25 |
| 26 LIMITED CONSULTATION          | 30.00  | 44.75*   | 26 |
| 27 EXTENSIVE CONSULTATION        |        | 44.75*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |        | 60.00    | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |        | 50.00    | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |        | 25.00    | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 12.00  | 14.00    | 31 |
| 32 INITIAL PHYSIOTHERAPY         |        | 9.00     | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |        | 14.30*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 28.00  | 28.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 14.00  | 14.00    | 35 |
| 36 SPIROMETRY                    |        | 25.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |        | 35.80*   | 37 |
| 38 CHEMOTHERAPY                  |        | 39.90*   | 38 |
| 39 COLLECTION OF SPECIMENS       |        | 3.00     | 39 |
| 40 DEBRIDEMENT OF NAILS          |        | 13.40*   | 40 |
| 41 SKIN BIOPSY                   |        | 25.00    | 41 |
| 42 CHEMOCAUTERY                  |        | 29.90*   | 42 |
| 43 RADICAL MASTECTOMY            |        | 741.10*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |        |          | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 26.90* | 26.90*   | 45 |
| 46 CORONARY ARTERY BYPASS        |        | 2512.92  | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |        | 1432.00* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |        | 17.90*   | 48 |
| 49 BRONCHOSCOPY                  |        | 134.25*  | 49 |
| 50 THORACENTESIS                 |        | 50.00    | 50 |
| 51 CATHETERIZATION OF HEART      |        | 454.20*  | 51 |
| 52 INSERTION OF PACEMAKER        |        | 990.00   | 52 |
| 53 PARTIAL COLECTOMY             |        | 792.00   | 53 |
| 54 APPENDECTOMY                  | 421.00 | 421.00   | 54 |
| 55 SIGMOIDOSCOPY                 |        | 30.00    | 55 |

1982 PREVAILING CHARGE SUMMARY DATA NEW HAMPSHIRE-VERMONT B/S  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

VERMONT  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | O2     | O2      |     |
|----------------------------------|--------|---------|-----|
| 56 HEMORRHOIDECTOMY              |        | 214.80* | 56  |
| 57 CHOLECYSTECTOMY               |        | 626.50* | 57  |
| 58 REPAIR HERNIA                 |        |         | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 71.60* | 53.70*  | 59  |
| 60 DILATION OF URETHRA           |        | 20.00   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |        | 859.20* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 774.00 | 859.20* | 62  |
| 63 HYSTERECTOMY                  |        | 800.00  | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |        | 21.50*  | 64  |
| 65 COMPREHENSIVE EYE EXAM        |        |         | 65  |
| 66 EYE EXAM WITH TONOMETRY       |        |         | 66  |
| 67 EXTRACTION OF LENS            | 774.00 | 716.00* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 17.90  | 6.50 P  | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 26.90* | 11.00 P | 69  |
| 70 X-RAY SPINE                   |        | 16.00 P | 70  |
| 71 X-RAY HIP                     |        | 9.25 P  | 71  |
| 72 X-RAY UPPER GI TRACT          | 55.50  | 28.60*P | 72  |
| 73 X-RAY COLON                   |        | 26.90*P | 73  |
| 74 RAOIATION THERAPY-LOW VOLT    |        |         | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |        |         | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |        |         | 76  |
| 77 CAT SCAN - HEAD               |        | 67.80*P | 77  |
| 78 CAT SCAN - ABOOMEN            |        |         | 78  |
| 79 THREE CHEMISTRY TESTS         |        |         | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |        |         | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |        | 5.00    | 81  |
| 82 HEMOGLOBIN                    |        | 3.00L   | 82  |
| 83 AUTOMATED BLOOD COUNT         |        | 9.00    | 83  |
| 84 WHITE CELL COUNT              |        | 3.00L   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |        | 7.00L   | 85  |
| 86 CHOLESTEROL TEST              |        | 4.50L   | 86  |
| 87 FLOCCULATION TEST             |        | 5.00    | 87  |
| 88 HEMATOCRIT                    |        | 3.00    | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |        | 5.00    | 89  |
| 90 POTASSIUM TEST - BLOOD        |        | 6.00    | 90  |
| 91 PROTHROMBIN TIME TEST         |        | 5.00L   | 91  |
| 92 SEDIMENTATION RATE            |        | 4.00L   | 92  |
| 93 BLOOD SUGAR                   |        | 4.25L   | 93  |
| 94 BUN-UREA - NITROGEN           |        | 4.00L   | 94  |
| 95 URIC ACID                     |        | 5.00L   | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |        | 4.50    | 96  |
| 97 PAP TEST                      |        | 5.00L   | 97  |
| 98 ROUTINE URINALYSIS            |        | 4.00L   | 98  |
| 99 CHEMICAL URINALYSIS           |        | 2.00    | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |        | 15.00   | 100 |
| 101 ELEC MONITORING-PACEMAKER    |        |         | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |        | 903.00  | 102 |
| 103 KIDNEY TRANSPLANT            |        | 1186.80 | 103 |
| 104 HOSPITAL BED - RENTAL        |        |         | 104 |
| 105 WALKER - RENTAL              |        | 10.00   | 105 |
| 106 WHEELCHAIR - RENTAL          |        | 25.00L  | 106 |
| 107 LIQUID OXYGEN - RENTAL       |        |         | 107 |
| 108 HOSPITAL BED - PURCHASE      |        |         | 108 |
| 109 WALKER - PURCHASE            |        | 37.00   | 109 |
| 110 WHEELCHAIR - PURCHASE        |        | 446.00  | 110 |

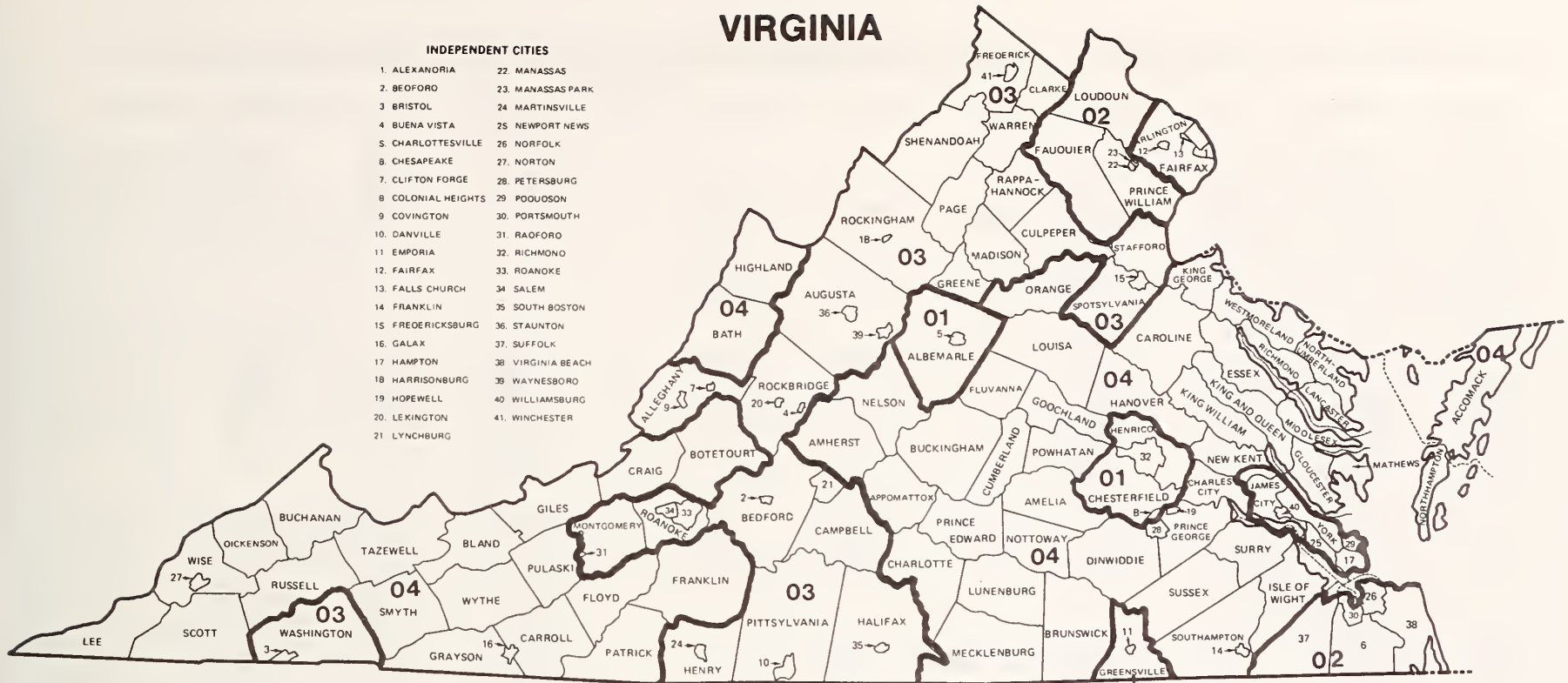


VIRGINIA

# VIRGINIA

## INDEPENDENT CITIES

- |                     |                    |
|---------------------|--------------------|
| 1. ALEXANDRIA       | 22. MANASSAS       |
| 2. BEFORD           | 23. MANASSAS PARK  |
| 3. BRISTOL          | 24. MARTINSVILLE   |
| 4. BUENA VISTA      | 25. NEWPORT NEWS   |
| 5. CHARLOTTESVILLE  | 26. NORFOLK        |
| 8. CHESAPEAKE       | 27. NORTON         |
| 7. CLIFTON FORGE    | 28. PETERSBURG     |
| 8. COLONIAL HEIGHTS | 29. POWHATON       |
| 9. COVINGTON        | 30. PORTSMOUTH     |
| 10. DANVILLE        | 31. RADFORD        |
| 11. EMPORIA         | 32. RICHMOND       |
| 12. FAIRFAX         | 33. ROANOKE        |
| 13. FALLS CHURCH    | 34. SALEM          |
| 14. FRANKLIN        | 35. SOUTH BOSTON   |
| 15. FREDERICKSBURG  | 36. STAUNTON       |
| 16. GALAX           | 37. SUFFOLK        |
| 17. HAMPTON         | 38. VIRGINIA BEACH |
| 18. HARRISONBURG    | 39. WAYNESBORO     |
| 19. HOPEWELL        | 40. WILLIAMSBURG   |
| 20. LEXINGTON       | 41. WINCHESTER     |
| 21. LYNCHBURG       |                    |



## Four Localities:

- 01 - Richmond metropolitan area and Charlottesville - Herico, Chesterfield, and Albemarle Counties
- 02 - Tidewater and Northern Virginia Cunties - Loudon, Fauquier, Prince William, James City, York Counties and the Suffolk, Portsmouth, Norfolk, Chesapeake, Virginia City area.
- 03 - Small towns and industrial - Washington, Henry, Pittsylvania, Halifax, Greensville, Campbell, Bedford, Roanoke, Montgomery, Alleghany, Rockbridge, Augusta, Greene, Rockingham, Page, Madison, Culpeper, Rappahannock, Shenandoah, Warren, Frederick, Clarke, Stafford, and Spotsylvania Counties.
- 04 - Extremely rural - all other Counties

(Note: Alexandria, Arlington, and Fairfax are carried by the Washington D.C. carrier.)

1982 PREVAILING CHARGE SUMMARY DATA THE TRAVELERS INSURANCE COMPANY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

VIRGINIA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | AREA 1  | AREA 2 | AREA 3  | AREA 4  | AREA 1   | AREA 2   | AREA 3   | AREA 4   |    |
|----------------------------------|---------|--------|---------|---------|----------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |        |         |         | 18.00*   | 18.00*   | 12.50*   | 12.50*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 18.00*  | 18.00* | 15.00*  | 17.00*  | 22.00*   | 20.00*   | 18.00*   | 18.00*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |        |         |         | 35.00*   | 30.00*   | 25.00*   | 21.00*   | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 44.70*  | 35.00* | 35.00*  | 32.20*  | 62.60*   | 62.60*   | 44.70*   | 50.00*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 12.50*  | 12.50* | 10.70*  | 10.70*  |          |          |          |          | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    |         |        |         |         |          |          |          |          | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  |         |        |         |         |          |          |          |          | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 30.00*  | 20.00* | 25.00*  | 20.00*  |          |          |          |          | 8  |
| 9 EXTENDED F/U OFFICE VISIT      |         |        |         |         |          |          |          |          | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    |         |        |         |         |          |          |          |          | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 18.00*  | 18.00* | 18.00*  | 18.00*  | 26.80*   | 25.00*   | 18.00*   | 23.90*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |        |         |         | 26.80*   | 26.80*   | 25.00*   | 26.80*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 35.70*  | 25.00* | 15.00*  | 30.00*  | 25.00*   | 21.50*   | 21.50*   | 21.50*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |        |         |         | 18.00*   | 18.00*   | 8.90*    | 13.20*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 12.50*  | 12.50* | 10.70*  | 10.70*  | 18.00*   | 18.00*   | 12.50*   | 12.50*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 44.70*  | 44.70* | 35.70*  | 35.70*  | 71.60*   | 62.60*   | 53.70*   | 53.70*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |        |         |         |          |          |          |          | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   |         |        |         |         |          |          |          |          | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 16.10*  | 12.50* | 10.70*  | 12.50*  | 18.00*   | 18.00*   | 12.50*   | 12.50*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 21.50*  | 18.00* | 21.50*  | 23.30*  | 26.80*   | 26.80*   | 25.10*   | 26.80*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 25.00*  | 32.00* | 26.80*  | 30.00*  | 32.00*   | 35.70*   | 30.50*   | 32.20*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |        |         |         |          |          |          |          | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |        |         |         | 18.00*   | 21.50*   | 18.00*   | 12.50*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |        |         |         | 26.80*   | 26.80*   | 18.00*   | 18.00*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |        |         |         | 23.00*   | 50.00*   | 30.00*   | 30.00*   | 25 |
| 26 LIMITED CONSULTATION          | 29.60*  | 44.70* | 25.00*  | 26.80*  | 44.70*   | 62.60*   | 44.70*   | 40.00*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         |        |         |         | 53.70*   | 63.00*   | 44.70*   | 44.70*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |        |         |         | 71.60*   | 80.40*   | 62.60*   | 62.60*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |        |         |         | 44.70*   | 53.70*   | 44.70*   | 53.70*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |        |         |         | 26.80*   | 26.80*   | 25.00*   | 25.00*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     |         |        |         |         | 15.00*   | 12.50*   | 12.50*   | 12.00*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |        |         |         |          |          |          |          | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |        |         |         |          |          |          |          | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 26.80*  | 25.00* | 25.00*  | 25.00*  | 25.00*   | 25.00*   | 25.00*   | 22.50*   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 7.50*   | 15.00* | 7.50*   | 7.50*   | 13.40*   | 20.00*   | 13.40*   | 8.90*    | 35 |
| 36 SPIROMETRY                    |         |        |         |         | 25.00*   | 21.70*   | 24.00*   | 32.90*   | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |        |         |         | 71.60*   | 53.70*   | 71.60*   | 71.60*   | 37 |
| 38 CHEMOTHERAPY                  |         |        |         |         |          |          |          |          | 38 |
| 39 COLLECTION OF SPECIMENS       |         |        |         |         | 3.00*    | 3.00*    | 3.00*    | 3.00*    | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |        |         |         | 18.00*   | 18.00*   | 15.00*   | 20.00*   | 40 |
| 41 SKIN BIOPSY                   |         |        |         |         | 35.70*   | 50.00*   | 35.70*   | 33.00*   | 41 |
| 42 CHEMOCAUTERY                  |         |        |         |         |          |          |          |          | 42 |
| 43 RADICAL MASTECTOMY            |         |        |         |         | 754.50*  | 743.00*  | 770.70*  | 695.50*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |        |         |         | 716.00*  | 805.40*  | 680.10*  | 617.50*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 18.00*  | 13.40* | 15.00*  | 15.00*  | 18.00*   | 14.00*   | 18.00*   | 17.00*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         |        |         |         | 2388.10* | 2636.20* |          |          | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |        |         |         | 1852.10* | 2279.25* | 1891.60* | 1707.20* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |        |         |         | 18.00*   | 26.80*   | 18.00*   | 18.00*   | 48 |
| 49 BRONCHOSCOPY                  |         |        |         |         | 179.00*  | 187.90*  | 179.00*  | 145.10*  | 49 |
| 50 THORACENTESIS                 |         |        |         |         | 44.70*   | 53.70*   | 26.80*   | 44.70*   | 50 |
| 51 CATHETERIZATION OF HEART      |         |        |         |         | 268.40*  | 300.00*  | 300.00*  |          | 51 |
| 52 INSERTION OF PACEMAKER        |         |        |         |         | 895.00*  | 1050.00* | 626.40*  |          | 52 |
| 53 PARTIAL COLECTOMY             |         |        |         |         | 895.00*  | 1074.00* | 805.40*  | 812.60*  | 53 |
| 54 APPENDECTOMY                  | 311.80* |        | 400.00* | 429.40* | 402.70*  | 429.40*  | 447.40*  | 375.90*  | 54 |
| 55 SIGMOIDOSCOPY                 |         |        |         |         | 32.20*   | 44.70*   | 30.40*   | 44.70*   | 55 |

1982 PREVAILING CHARGE SUMMARY DATA THE TRAVELERS INSURANCE COMPANY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

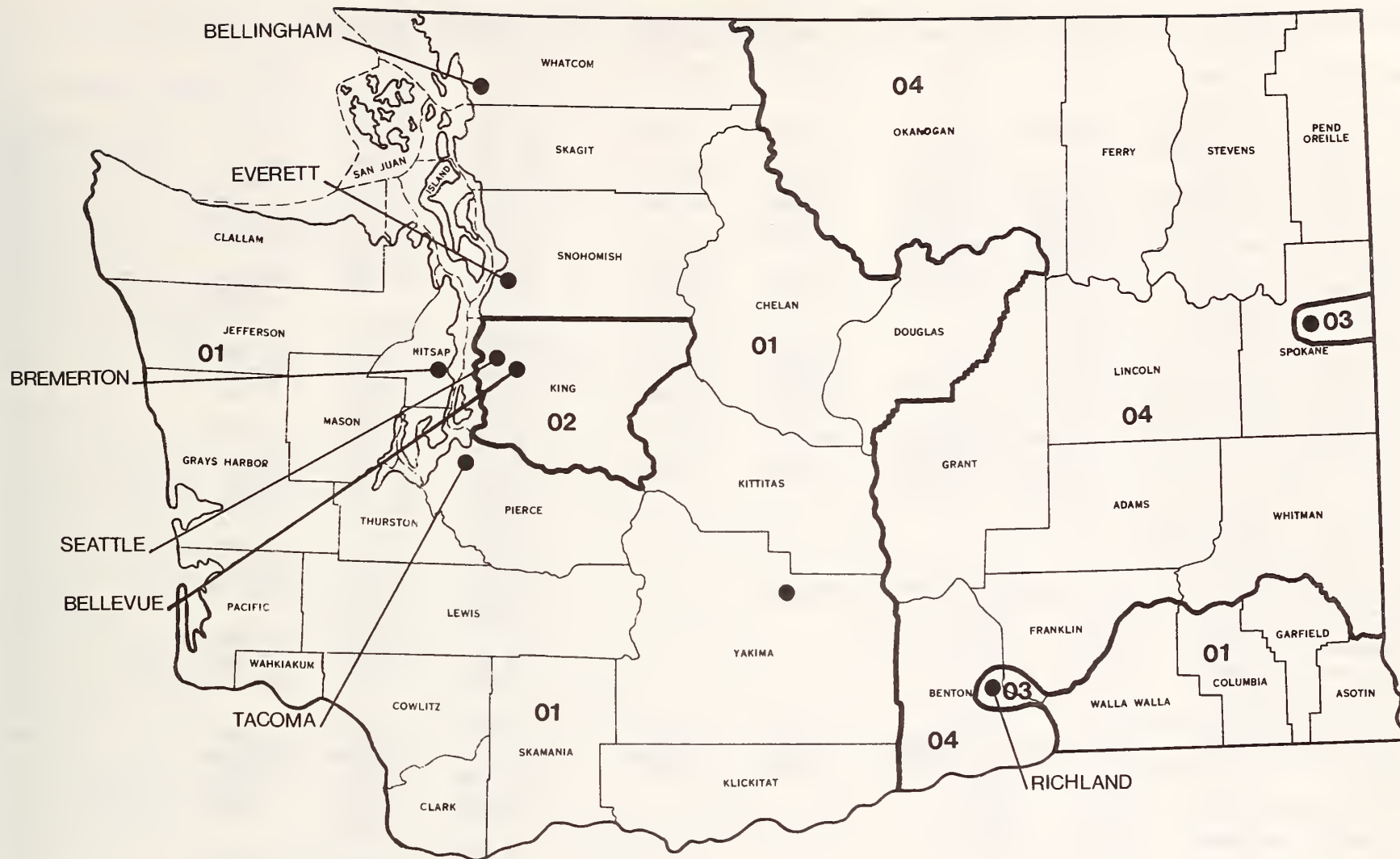
VIRGINIA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | AREA 1  | AREA 2 | AREA 3  | AREA 4  | AREA 1  | AREA 2  | AREA 3  | AREA 4  |     |
|----------------------------------|---------|--------|---------|---------|---------|---------|---------|---------|-----|
| 56 HEMORRHOIDECTOMY              |         |        |         |         | 358.00* | 358.00* | 268.40* | 340.00* | 56  |
| 57 CHOLECYSTECTOMY               |         |        |         |         | 671.20* | 745.00* | 626.40* | 556.60* | 57  |
| 58 REPAIR HERNIA                 |         |        |         |         | 420.60* | 447.40* | 370.50* | 358.00* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  |         |        | 60.00*  | 78.20*  | 53.70*  | 78.70*  | 55.00*  | 62.60*  | 59  |
| 60 DILATION OF URETHRA           |         |        |         |         | 20.00*  | 18.00*  | 18.00*  | 18.00*  | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         |        |         |         | 895.00* | 805.40* | 800.00* | 626.40* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) |         |        | 898.40* | 898.70* | 859.10* | 859.10* | 805.40* | 554.90* | 62  |
| 63 HYSTERECTOMY                  |         |        |         |         | 626.40* | 850.10* | 669.40* | 669.40* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |        |         |         |         |         |         |         | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |        |         |         | 26.80*  | 25.10*  | 25.10*  | 26.80*  | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |        |         |         |         |         |         |         | 66  |
| 67 EXTRACTION OF LENS            | 795.90* |        |         |         | 805.40* | 716.00* | 716.00* | 700.00* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 21.50*  | 18.00* | 22.50*  | 18.00*  | 26.50*  | 20.50*  | 17.00*  | 10.00*  | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 21.50*  | 26.00* | 32.20*  | 26.80*  | 24.45*  | 30.00*  | 26.80*  | 31.30*  | 69  |
| 70 X-RAY SPINE                   |         |        |         |         | 47.30*  | 53.70*  | 44.70*  | 47.30*  | 70  |
| 71 X-RAY HIP                     |         |        |         |         | 34.90*  | 35.00*  | 33.00*  | 35.70*  | 71  |
| 72 X-RAY UPPER GI TRACT          | 69.50*  | 71.60* | 71.60*  | 62.60*  | 75.00*  | 71.60*  | 70.00*  | 71.60*  | 72  |
| 73 X-RAY COLON                   |         |        |         |         | 70.00*  | 68.10*  | 62.60*  | 71.60*  | 73  |
| 74 RADIATION THERAPY-LOW VOLT    |         |        |         |         |         |         |         |         | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  |         |        |         |         |         |         |         |         | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         |        |         |         |         |         |         |         | 76  |
| 77 CAT SCAN - HEAD               |         |        |         |         | 102.70* | 95.50*  | 78.75*  |         | 77  |
| 78 CAT SCAN - ABDOMEN            |         |        |         |         | 106.80* | 129.00* | 97.30*  |         | 78  |
| 79 THREE CHEMISTRY TESTS         |         |        |         |         |         |         |         |         | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |        |         |         | 18.00*  | 25.00*  | 25.00*  | 22.00*  | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         |        |         |         | 16.50*  | 10.00*  | 14.00*  | 10.00*  | 81  |
| 82 HEMOGLOBIN                    |         |        |         |         | 5.00*   | 5.00*   | 4.00*   | 4.00*   | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |        |         |         |         |         |         |         | 83  |
| 84 WHITE CELL COUNT              |         |        |         |         | 5.00*   | 6.00*   | 4.00*   | 4.00*   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |        |         |         | 10.00*  | 11.00*  | 10.00*  | 12.00*  | 85  |
| 86 CHOLESTEROL TEST              |         |        |         |         | 8.00*   | 8.00*   | 7.00*   | 10.00*  | 86  |
| 87 FLOCCULATION TEST             |         |        |         |         | 5.00*   | 7.00*   | 5.00*   | 6.00*   | 87  |
| 88 HEMATOCRIT                    |         |        |         |         | 5.00*   | 5.00*   | 4.00*   | 4.00*   | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |        |         |         | 8.00*   | 7.00*   | 6.00*   | 9.00*   | 89  |
| 90 POTASSIUM TEST - BLOOD        |         |        |         |         | 8.00*   | 7.50*   | 8.00*   | 8.50*   | 90  |
| 91 PROTHROMBIN TIME TEST         |         |        |         |         | 8.00*   | 7.00*   | 7.00*   | 8.50*   | 91  |
| 92 SEDIMENTATION RATE            |         |        |         |         | 7.00*   | 6.00*   | 5.00*   | 6.50*   | 92  |
| 93 BLOOD SUGAR                   |         |        |         |         | 8.00*   | 7.00*   | 6.50*   | 8.00*   | 93  |
| 94 BUN-UREA - NITROGEN           |         |        |         |         | 8.00*   | 7.00*   | 7.00*   | 8.50*   | 94  |
| 95 URIC ACID                     |         |        |         |         | 8.00*   | 8.00*   | 8.00*   | 9.50*   | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |         |        |         |         | 5.00*   | 5.00*   | 5.00*   | 3.00*   | 96  |
| 97 PAP TEST                      |         |        |         |         | 9.00*   | 9.00*   | 8.50*   | 8.00*   | 97  |
| 98 ROUTINE URINALYSIS            |         |        |         |         | 6.00*   | 6.00*   | 5.00*   | 5.00*   | 98  |
| 99 CHEMICAL URINALYSIS           |         |        |         |         |         |         |         |         | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |        |         |         | 25.00*  | 25.00*  | 26.00*  | 27.50*  | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |        |         |         | 25.00*  | 25.00*  | 25.00*  | 25.00*  | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |        |         |         |         |         |         |         | 102 |
| 103 KIDNEY TRANSPLANT            |         |        |         |         |         |         |         |         | 103 |
| 104 HOSPITAL BED - RENTAL        |         |        |         |         |         |         |         |         | 104 |
| 105 WALKER - RENTAL              |         |        |         |         |         |         |         |         | 105 |
| 106 WHEELCHAIR - RENTAL          |         |        |         |         |         |         |         |         | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         |        |         |         |         |         |         |         | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |        |         |         |         |         |         |         | 108 |
| 109 WALKER - PURCHASE            |         |        |         |         |         |         |         |         | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |        |         |         |         |         |         |         | 110 |

WASHINGTON



# WASHINGTON



## Four Localities:

- 01 - Seattle-Washington Physicians Service, 18 bureaus - rest of State
- 02 - King County Medical Blue Shield - King County
- 03 - (MSCEW) - Spokane and Richland-Pasco-Kennewick metropolitan areas
- 04 - Medical Service Corporation of Western Washington - Adams, Benton, Ferry, Franklin, Grant, Lincoln, Okanogan, Bend Orseille, Spokane, Stevens, and Whitman Counties (FOR GENERAL PRACTITIONER ONLY)

1982 PREVAILING CHARGE SUMMARY DATA WASHINGTON PHYSICIANS SERVICE  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WASHINGTON  
LOCALITY DESIGNATION FOR SPECIALIST

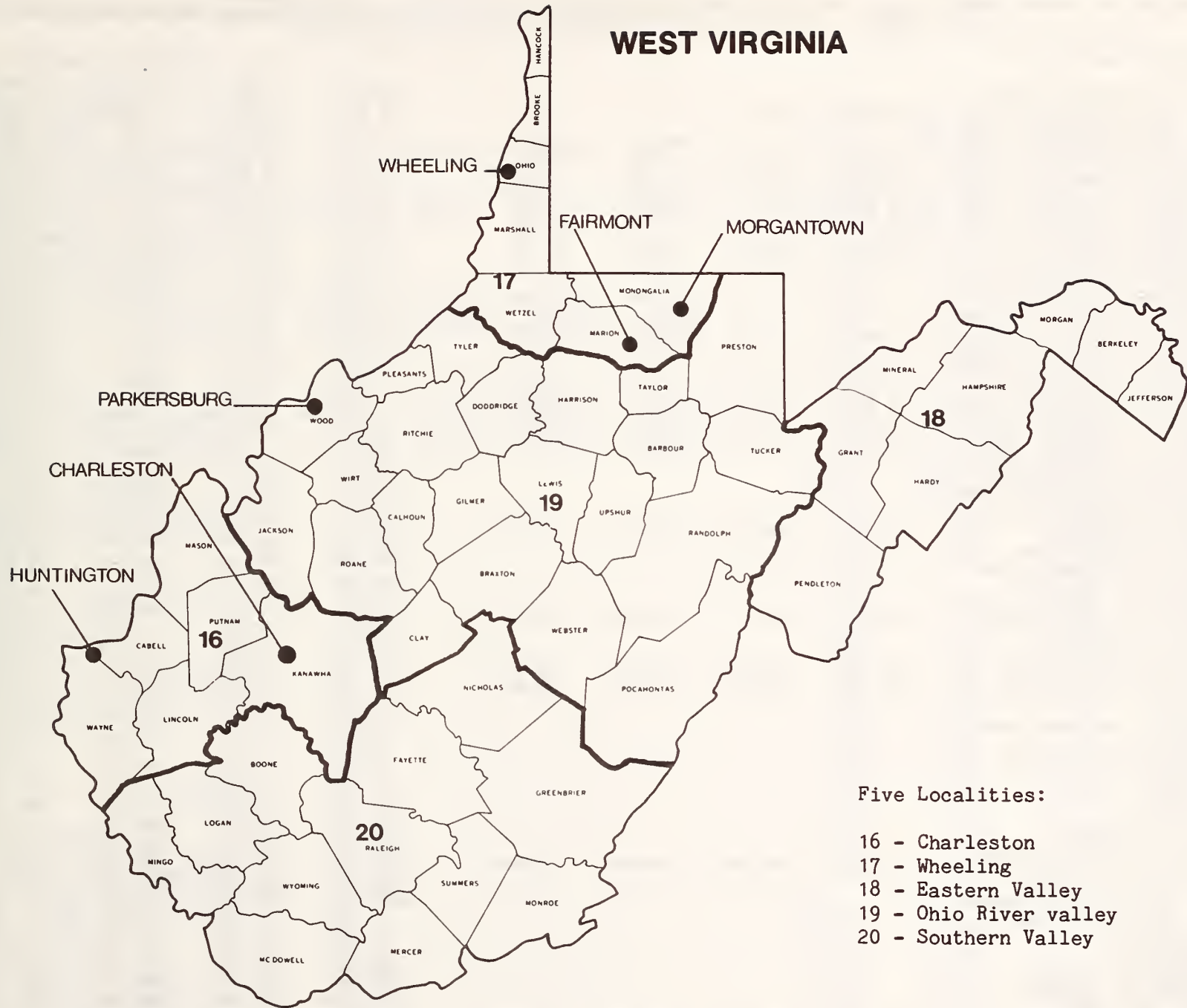
| PROCEDURE DESCRIPTION            | 02      | 04      | 01      | 03      | 02       | 04       | 01       |    |
|----------------------------------|---------|---------|---------|---------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |         |         |         | 18.00*   | 18.00*   |          | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 22.50*  | 18.00*  | 15.70*  | 17.10*  | 30.90*   | 21.50*   | 18.00*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |         |         | 44.70*   | 34.90*   |          | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 53.70*  | 53.70*  | 44.70*  | 43.90*  | 67.20*   | 62.60*   | 62.60*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 7.60*   | 8.90*   | 8.00*   | 7.00*   | 8.40*    | 8.20*    | 6.00*    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 12.50*  | 14.10*  | 12.50*  | 14.25*  | 14.10*   | 15.30*   | 14.25*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 15.80*  | 19.00*  |         |         | 18.60*   | 18.00*   |          | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 19.50*  | 22.50*  | 19.00*  | 19.00*  | 21.60*   | 20.50*   | 20.00*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 31.60*  | 30.00*  |         |         | 37.00*   | 35.00*   |          | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 48.60*  | 44.70*  | 44.70*  | 43.90*  | 55.60*   | 44.70*   | 60.00*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 23.20*  |         | 22.80*  | 22.80*  | 21.10*   |          | 20.00*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |         |         |         | 21.80*   | 26.80*   |          | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 24.60*  |         |         |         | 26.20*   |          |          | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |         |         | 17.80*   | 17.50*   | 20.50*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 22.70*  | 18.00*  | 17.40*  | 13.90*  | 23.00*   | 25.00*   | 11.90*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 34.00*  | 44.70*  | 29.60*  | 34.00*  | 44.70*   | 40.00*   | 50.00*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         |         |         | 53.70*   | 44.70*   |          | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 64.50*  | 67.00*  | 60.00*  | 43.00*  | 64.50*   | 62.60*   | 68.90*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 12.50*  | 18.00*  |         |         | 16.10*   | 18.00*   |          | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 18.00*  | 18.00*  | 12.50*  | 13.70*  | 21.50*   | 18.00*   | 18.00*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 24.00*  | 25.00*  |         |         | 28.00*   | 26.90*   |          | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         |         |         | 33.40*   | 41.00*   | 29.70*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |         |         |         | 21.50*   |          |          | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         |         |         | 27.00*   | 24.10*   | 29.00*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |         |         |         | 39.00*   | 35.80*   | 26.30*   | 25 |
| 26 LIMITED CONSULTATION          | 35.00*  | 40.50*  | 33.10*  |         | 47.00*   | 35.70*   | 39.40*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         |         |         |         | 62.60*   | 44.70*   |          | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |         |         |         | 80.40*   | 62.60*   |          | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |         |         |         |          | 53.70*   | 45.00*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |         |         |         | 26.90*   | 26.90*   | 42.00*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 18.00*  |         |         |         | 15.00*   | 15.30*   | 14.25*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |         |         |         |          |          | 14.25*   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |         |         |         | 16.90*   | 18.00*   |          | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 32.20*  | 30.00*  | 29.60*  | 31.00*  | 32.20*   | 30.00*   | 30.00*   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY |         | 9.00*P  | 14.80*P | 12.00*P |          | 9.00*P   | 14.80*P  | 35 |
| 36 SPIROMETRY                    |         |         |         |         | 37.40*   | 26.90*   |          | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |         |         |         | 100.00*  | 76.50*   | 68.90*   | 37 |
| 38 CHEMOTHERAPY                  |         |         |         |         | 18.00*   | 9.20*    | 15.80*   | 38 |
| 39 COLLECTION OF SPECIMENS       |         |         |         |         |          | 8.00*    |          | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |         |         |         | 16.00*   |          |          | 40 |
| 41 SKIN BIOPSY                   |         |         |         |         | 36.00*   | 35.00*   | 32.20*   | 41 |
| 42 CHEMOCAUTERY                  |         |         |         |         | 5.00*    |          | 18.00*   | 42 |
| 43 RADICAL MASTECTOMY            |         |         |         |         | 751.90*  | 1047.30* | 568.70*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |         |         |         | 1002.60* | 1002.60* |          | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 22.50*  | 26.90*  | 26.90*  | 21.50*  | 25.10*   | 26.90*   | 24.10*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         |         |         |         |          |          |          | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         |         |         |          | 1790.50* | 1920.00* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |         |         |         |          |          | 24.40*   | 48 |
| 49 BRONCHOSCOPY                  |         |         |         |         | 161.10*  | 223.90*  | 179.00*  | 49 |
| 50 THORACENTESIS                 |         |         |         |         | 37.50*   | 44.70*   | 38.75*   | 50 |
| 51 CATHETERIZATION OF HEART      |         |         |         |         | 361.70*  | 447.50*  | 691.90*  | 51 |
| 52 INSERTION OF PACEMAKER        |         |         |         |         | 900.00*  | 650.90*  |          | 52 |
| 53 PARTIAL COLECTOMY             |         |         |         |         | 957.90*  | 1074.20* | 895.20*  | 53 |
| 54 APPENDECTOMY                  | 500.50* | 501.40* | 377.75* | 429.70* | 500.50*  | 492.40*  | 429.70*  | 54 |
| 55 SIGMOIDOSCOPY                 |         |         |         |         | 37.50*   | 40.00*   | 35.70*   | 55 |

| 1982 PREVAILING CHARGE SUMMARY DATA WASHINGTON PHYSICIANS SERVICE |        |        |        |         | WASHINGTON                          |          |         |     |
|---|--------|--------|--------|---------|-------------------------------------|----------|---------|-----|
| LOCALITY DESIGNATION FOR GENERAL PRACTICE                         |        |        |        |         | LOCALITY DESIGNATION FOR SPECIALIST |          |         |     |
| PROCEDURE DESCRIPTION   | 02     | 04     | 01     | 03      | 02                                  | 04       | 01      |     |
| 56 HEMORRHOIOECTOMY   |        |        |        |         | 375.90*                             | 358.10*  | 304.30* | 56  |
| 57 CHOLECYSTECTOMY  |        |        |        |         | 716.20*                             | 751.90*  | 716.20* | 57  |
| 58 REPAIR HERNIA  |        |        |        |         | 438.60*                             | 447.50*  | 402.80* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY                                   | 75.00* | 53.70* |        | 46.40*  | 75.00*                              | 53.70*   | 49.00*  | 59  |
| 60 DILATION OF URETHRA  |        |        |        |         | 32.00*                              | 25.00*   | 26.90*  | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC                                     |        |        |        |         | 1000.00*                            | 1002.60* | 895.20* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR)                                  |        |        |        | 852.10* | 1002.60*                            | 1002.60* | 859.50* | 62  |
| 63 HYSTERECTOMY   |        |        |        |         | 859.50*                             | 922.10*  | 716.20* | 63  |
| 64 INITIAL COMPLETE EYE EXAM                                      |        |        |        |         | 35.00*                              | 28.60*   |         | 64  |
| 65 COMPREHENSIVE EYE EXAM   |        |        |        |         | 36.80*                              | 44.70*   | 31.50*  | 65  |
| 66 EYE EXAM WITH TONOMETRY  |        |        |        |         | 16.10*                              | 14.10*   | 17.60*  | 66  |
| 67 EXTRACTION OF LENS   |        |        |        |         |                                     | 895.20*  | 805.60* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW                                      | 21.50* | 25.10* | 20.00* | 19.90*  | 18.00*                              | 27.90*   | 22.50*  | 68  |
| 69 CHEST X-RAY - TWO VIEWS  | 32.20* | 32.20* | 31.30* | 32.00*  | 36.00*                              | 35.70*   | 33.10*  | 69  |
| 70 X-RAY SPINE  |        |        |        |         | 59.10*                              | 59.10*   | 33.10*  | 70  |
| 71 X-RAY HIP  |        |        |        |         | 43.00*                              | 36.80*   | 35.70*  | 71  |
| 72 X-RAY UPPER GI TRACT   | 75.10* |        |        | 62.60*  | 71.70*                              |          | 66.20*  | 72  |
| 73 X-RAY COLON  |        |        |        |         | 68.10*                              | 80.40*   | 61.75*  | 73  |
| 74 RAOIATION THERAPY-LOW VOLT                                     |        |        |        |         | 29.50*                              |          |         | 74  |
| 75 RAOIATION THERAPY-SUPER VOLT                                   |        |        |        |         | 46.00*                              |          |         | 75  |
| 76 RAOIATION THERAPY-MEGAVOLT                                     |        |        |        |         |                                     | 28.90*   |         | 76  |
| 77 CAT SCAN - HEAD  |        |        |        |         |                                     | 217.90*  | 253.80* | 77  |
| 78 CAT SCAN - ABOOMEN   |        |        |        |         |                                     |          | 232.30* | 78  |
| 79 THREE CHEMISTRY TESTS  |        |        |        |         | 26.60*                              |          |         | 79  |
| 80 NINETEEN CHEMISTRY TESTS                                       |        |        |        |         |                                     |          |         | 80  |
| 81 CULTURE - OTHER THAN BLOOD                                     |        |        |        |         | 11.00*                              | 10.00*   | 17.00*  | 81  |
| 82 HEMOGLOBIN   |        |        |        |         | 4.50*                               | 6.00*    | 4.50*   | 82  |
| 83 AUTOMATED BLOOD COUNT  |        |        |        |         | 12.25*                              | 10.00*   | 11.50*  | 83  |
| 84 WHITE CELL COUNT   |        |        |        |         | 5.00*                               | 5.00*    | 6.00*   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)                                     |        |        |        |         | 11.00*                              | 10.50*   | 12.00*  | 85  |
| 86 CHOLESTEROL TEST   |        |        |        |         | 10.00*                              | 8.50*    | 11.50*  | 86  |
| 87 FLOCCULATION TEST  |        |        |        |         | 6.00*                               | 6.00*    | 6.20*   | 87  |
| 88 HEMATOCRIT   |        |        |        |         | 4.75*                               | 5.00*    | 5.00*   | 88  |
| 89 PLATELET COUNT (REES-ECKER)                                    |        |        |        |         | 7.50*                               | 7.00*    | 12.10*  | 89  |
| 90 POTASSIUM TEST - BLOOD   |        |        |        |         | 8.50*                               | 7.00*    | 12.60*  | 90  |
| 91 PROTHROMBIN TIME TEST  |        |        |        |         | 8.00*                               | 7.00*    | 10.50*  | 91  |
| 92 SEDIMENTATION RATE   |        |        |        |         | 6.75*                               | 6.00*    | 7.00*   | 92  |
| 93 BLOOD SUGAR  |        |        |        |         | 8.50*                               | 7.00*    | 10.50*  | 93  |
| 94 BUN-UREA - NITROGEN  |        |        |        |         | 7.75*                               | 7.50*    | 9.85*   | 94  |
| 95 URIC ACIO  |        |        |        |         | 10.00*                              | 7.50*    | 11.50*  | 95  |
| 96 FECES-OCULT BLOOD-SCREENING                                    |        |        |        |         |                                     | 5.00*    | 3.50*   | 96  |
| 97 PAP TEST   |        |        |        |         | 9.10*                               | 10.00*   | 9.00*   | 97  |
| 98 ROUTINE URINALYSIS   |        |        |        |         | 6.00*                               | 6.50*    | 6.50*   | 98  |
| 99 CHEMICAL URINALYSIS  |        |        |        |         | 4.25*                               |          |         | 99  |
| 100 PATHOLOGY - THREE SPECIMENS                                   |        |        |        |         | 34.50*                              | 37.80*   |         | 100 |
| 101 ELEC MONITORING-PACEMAKER                                     |        |        |        |         | 16.00*                              | 36.90*   |         | 101 |
| 102 OONOR NEPHRECTOMY-UNILATERAL                                  |        |        |        |         |                                     | 1146.00* |         | 102 |
| 103 KIDNEY TRANSPLANT   |        |        |        |         |                                     |          |         | 103 |
| 104 HOSPITAL BED - RENTAL   |        |        |        |         | 63.00                               | 64.24    | 51.98   | 104 |
| 105 WALKER - RENTAL   |        |        |        |         | 12.86                               |          |         | 105 |
| 106 WHEELCHAIR - RENTAL   |        |        |        |         | 31.50                               | 33.70    | 25.46   | 106 |
| 107 LIQUIO OXYGEN - RENTAL  |        |        |        |         | 92.40                               | 92.66    | 78.75   | 107 |
| 108 HOSPITAL BED - PURCHASE                                       |        |        |        |         | 650.95                              | 650.95   | 650.95  | 108 |
| 109 WALKER - PURCHASE   |        |        |        |         |                                     |          |         | 109 |
| 110 WHEELCHAIR - PURCHASE   |        |        |        |         | 338.42                              | 308.52   | 415.80  | 110 |

WEST VIRGINIA



# WEST VIRGINIA



## Five Localities:

- 16 - Charleston
- 17 - Wheeling
- 18 - Eastern Valley
- 19 - Ohio River valley
- 20 - Southern Valley



1982 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WEST VIRGINIA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 16      | 17      | 18      | 19      | 16      | 17       | 18      | 19       |    |
|----------------------------------|---------|---------|---------|---------|---------|----------|---------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |         |         |         | 14.30*  | 14.30*   | 12.50*  | 14.30*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 12.50*  | 10.70*  | 10.70*  | 9.00*   | 14.30*  | 14.30*   | 12.50*  | 14.30*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |         |         | 21.50*  | 26.90*   | 17.90*  | 17.90*   | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 35.00   | 45.00   | 50.00   | 40.00   | 71.60*  | 53.70*   | 35.00   | 50.00    | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 5.00    | 5.00    | 3.00    | 5.00    | 4.00    | 5.40*    | 7.00    | 7.00     | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 12.50*  | 10.70*  | 10.70*  | 9.00*   | 14.30*  | 14.30*   | 12.50*  | 14.30*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 12.50*  | 10.70*  | 10.70*  | 9.00*   | 14.30*  | 14.30*   | 12.50*  | 14.30*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 12.50*  | 10.70*  | 10.70*  | 9.00*   | 14.30*  | 14.30*   | 12.50*  | 14.30*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 20.00   | 25.00   | 17.90*  | 15.00   | 21.50*  | 26.90*   | 17.90*  | 17.90*   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 35.00   | 45.00   | 50.00   | 40.00   | 71.60*  | 53.70*   | 35.00   | 50.00    | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 21.50*  | 17.90*  | 12.00   | 17.90*  | 17.90*  | 15.00    | 21.50*  | 12.50*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |         |         |         | 17.90*  | 15.00    | 21.50*  | 12.50*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 21.50*  | 17.90*  | 12.00   | 17.90*  | 17.90*  | 15.00    | 21.50*  | 12.50*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |         |         | 14.30*  | 14.30*   | 17.90*  | 15.00    | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 12.50*  | 17.90*  | 14.30*  | 14.30*  | 17.90*  | 12.50*   | 17.90*  | 15.00    | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 35.00   | 33.30*  | 35.80*  | 28.60*  | 60.00   | 44.75*   | 60.00   | 41.20*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         |         |         | 71.60*  | 44.75*   | 62.70*  | 53.70*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 44.75*  | 44.75*  | 35.80*  | 32.20*  | 71.60*  | 44.75*   | 62.70*  | 53.70*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 12.50*  | 10.70*  | 10.70*  | 10.70*  | 14.30*  | 13.40*   | 16.00   | 16.10*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 12.50*  | 10.70*  | 10.70*  | 10.70*  | 14.30*  | 13.40*   | 16.00   | 16.10*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 35.00   | 33.30*  | 35.80*  | 28.60*  | 60.00   | 44.75*   | 60.00   | 41.20*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         |         |         | 60.00   | 44.75*   | 60.00   | 41.20*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |         |         |         | 25.00   | 20.00    | 25.00   | 22.00    | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         |         |         | 25.00   | 20.00    | 25.00   | 22.00    | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |         |         |         | 25.00   | 20.00    | 25.00   | 22.00    | 25 |
| 26 LIMITED CONSULTATION          | 40.00   | 53.70*  | 35.80*  | 44.75*  | 50.00   | 44.75*   | 50.00*  | 62.70*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         |         |         |         | 50.00   | 44.75*   | 50.00*  | 62.70*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |         |         |         | 57.30*  | 48.30*   | 48.30*  | 68.00*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |         |         |         | 26.90*  | 35.80*   | 35.80*  | 35.80*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |         |         |         | 35.00   | 30.00    | 35.00   | 30.00    | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 12.00   | 12.00   | 10.70*  | 12.00   | 12.00   | 12.00    | 12.50*  | 12.00    | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |         |         |         | 18.00   | 18.00    | 18.00   | 18.00    | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |         |         |         | 14.30*  | 12.50*   | 14.30*  | 14.30*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 26.90*  | 25.00   | 25.00   | 25.00   | 26.90*  | 26.90*   | 25.00   | 17.90*   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 15.00   | 10.70*  | 14.30*  | 15.00   | 17.90*  | 17.90*   | 17.90*  | 17.90*   | 35 |
| 36 SPIROMETRY                    |         |         |         |         | 35.00   | 35.00    | 35.00   | 35.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |         |         |         | 71.60*  | 70.00    | 71.60*  | 71.60*   | 37 |
| 38 CHEMOTHERAPY                  |         |         |         |         | 17.90*  | 12.50    | 17.90*  | 17.90*   | 38 |
| 39 COLLECTION OF SPECIMENS       |         |         |         |         | 10.00   | 3.00     | 7.50    | 7.50     | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |         |         |         | 17.90*  | 17.90*   | 17.90*  | 17.90*   | 40 |
| 41 SKIN BIOPSY                   |         |         |         |         | 44.75*  | 44.75*   | 44.75*  | 35.00    | 41 |
| 42 CHEMOCAUTERY                  |         |         |         |         | 30.00*  | 29.90*   | 29.90*  | 29.90*   | 42 |
| 43 RADICAL MASTECTOMY            |         |         |         |         | 800.00  | 676.60*  | 900.00  | 839.50*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |         |         |         | 805.50* | 823.40*  | 895.00* | 742.90*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 26.90*  | 26.90*  | 26.90*  | 26.90*  | 26.90*  | 26.90*   | 26.90*  | 26.90*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         |         |         |         | 3850.00 | 3649.80* | 3850.00 | 3359.80* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         |         |         | 2200.00 | 2340.00  | 2575.00 | 2000.00  | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |         |         |         | 17.90*  | 17.90*   | 17.90*  | 17.90*   | 48 |
| 49 BRONCHOSCOPY                  |         |         |         |         | 179.00* | 179.00*  | 179.00* | 121.70*  | 49 |
| 50 THORACENTESIS                 |         |         |         |         | 22.40*  | 35.80*   | 35.80*  | 35.80*   | 50 |
| 51 CATHETERIZATION OF HEART      |         |         |         |         | 537.00* | 537.00*  | 537.00* | 537.00*  | 51 |
| 52 INSERTION OF PACEMAKER        |         |         |         |         | 950.00  | 950.00   | 950.00  | 950.00   | 52 |
| 53 PARTIAL COLECTOMY             |         |         |         |         | 895.00* | 716.00*  | 895.00* | 810.00   | 53 |
| 54 APPENDECTOMY                  | 447.50* | 447.50* | 447.50* | 447.50* | 447.50* | 447.50*  | 447.50* | 447.50*  | 54 |
| 55 SIGMOIDOSCOPY                 |         |         |         |         | 44.75*  | 26.90*   | 44.75*  | 35.80*   | 55 |

1982 PREVAILING CHARGE SUMMARY DATA      NATIONWIDE MUTUAL INSURANCE CO.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WEST VIRGINIA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 16      | 17      | 18      | 19     | 16       | 17       | 18       | 19       |     |
|----------------------------------|---------|---------|---------|--------|----------|----------|----------|----------|-----|
| 56 HEMORRHOIDECTOMY              |         |         |         |        | 447.50*  | 447.50*  | 447.50*  | 447.50*  | 56  |
| 57 CHOLECYSTECTOMY               |         |         |         |        | 671.25*  | 537.00*  | 700.00   | 608.60*  | 57  |
| 58 REPAIR HERNIA                 |         |         |         |        | 402.75*  | 358.00*  | 420.00   | 400.00   | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 65.00   | 65.00   | 65.00   | 65.00  | 53.70*   | 62.70*   | 80.60*   | 35.80*   | 59  |
| 60 DILATION OF URETHRA           |         |         |         |        | 20.00    | 17.90*   | 21.50*   | 17.90*   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         |         |         |        | 859.20*  | 859.20*  | 859.20*  | 716.00*  | 61  |
| 62 ELECTROSECTON-PROSTATE (TUR)  | 859.20  | 859.20  | 716.00  | 716.00 | 859.20*  | 859.20*  | 716.00*  | 716.00*  | 62  |
| 63 HYSTERECTOMY                  |         |         |         |        | 805.50*  | 805.50*  | 805.50*  | 805.50*  | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |         |         |        | 33.60    | 30.40*   | 28.00    | 25.00    | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |         |         |        | 33.60    | 30.40*   | 28.00    | 25.00    | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |         |         |        | 25.00    | 17.90*   | 25.00    | 26.90*   | 66  |
| 67 EXTRACTION OF LENS            | 716.00* | 716.00* | 773.30* | 700.00 | 716.00*  | 716.00*  | 773.30*  | 700.00   | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 21.50*  | 21.50*  | 21.50*  | 25.00* | 15.00*   | 21.00*   | 14.30*   | 23.75    | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 26.90*  | 26.90*  | 26.90*  | 26.90* | 26.90*   | 32.00    | 17.90*   | 26.90*   | 69  |
| 70 X-RAY SPINE                   |         |         |         |        | 35.80*   | 35.00*   | 26.90*   | 26.90*   | 70  |
| 71 X-RAY HIP                     |         |         |         |        | 32.20*   | 32.20*   | 32.20*   | 26.90*   | 71  |
| 72 X-RAY UPPER GI TRACT          | 44.75*  | 44.75*  | 44.75*  | 45.00* | 44.75*   | 42.00*   | 35.80*   | 61.00    | 72  |
| 73 X-RAY COLON                   |         |         |         |        | 53.70*   | 40.30*   | 35.80*   | 62.70*   | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 22.40*  | 22.40*  | 22.40*  | 26.25  | 22.40*   | 22.40*   | 22.40*   | 16.10*   | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  | 22.40*  | 32.20*  | 32.20*  | 49.00  | 22.40*   | 32.20*   | 32.20*   | 49.00    | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         |         |         |        | 30.40*   | 37.60*   | 37.60*   | 38.00    | 76  |
| 77 CAT SCAN - HEAD               |         |         |         |        | 205.90*  | 223.75*  | 229.10*  | 295.00   | 77  |
| 78 CAT SCAN - ABOOMEN            |         |         |         |        | 243.60   | 263.80   | 263.80   | 360.00   | 78  |
| 79 THREE CHEMISTRY TESTS         |         |         |         |        | 1.30     | 2.30     | 1.10     | 2.20     | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |         |         |        | 1.30     | 2.30     | 1.10     | 2.20     | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         |         |         |        | 15.00    | 15.00    | 5.00*    | 8.00     | 81  |
| 82 HEMOGLOBIN                    |         |         |         |        | 3.00L    | 3.00L    | 3.00L    | 3.00L    | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |         |         |        |          |          |          |          | 83  |
| 84 WHITE CELL COUNT              |         |         |         |        | 3.00L    | 3.00L    | 3.00L    | 3.00L    | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |         |         |        | 8.00L    | 8.00L    | 8.00L    | 8.00L    | 85  |
| 86 CHOLESTEROL TEST              |         |         |         |        | 6.00L    | 6.00L    | 6.00L    | 6.00L    | 86  |
| 87 FLOCCULATION TEST             |         |         |         |        | 10.00    | 7.00     | 7.00     | 8.00     | 87  |
| 88 HEMATOCRIT                    |         |         |         |        | 3.00L    | 3.00L    | 3.00     | 3.00L    | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |         |         |        | 8.50     | 6.00     | 5.00     | 7.00     | 89  |
| 90 POTASSIUM TEST - BLOOD        |         |         |         |        | 8.00     | 8.00     | 8.00     | 10.00    | 90  |
| 91 PROTHROMBIN TIME TEST         |         |         |         |        | 5.50L    | 5.50L    | 5.50L    | 5.50L    | 91  |
| 92 SEDIMENTATION RATE            |         |         |         |        | 5.00L    | 5.00     | 5.00L    | 5.00L    | 92  |
| 93 BLOOD SUGAR                   |         |         |         |        | 5.00L    | 5.00L    | 5.00L    | 5.00L    | 93  |
| 94 BUN-UREA - NITROGEN           |         |         |         |        | 5.00L    | 5.00L    | 5.00L    | 5.00L    | 94  |
| 95 URIC ACID                     |         |         |         |        | 6.00L    | 6.00L    | 6.00L    | 6.00L    | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |         |         |         |        | 5.00     | 4.00     | 3.00     | 3.00     | 96  |
| 97 PAP TEST                      |         |         |         |        | 7.00L    | 7.00L    | 7.00L    | 7.00L    | 97  |
| 98 ROUTINE URINALYSIS            |         |         |         |        | 3.00L    | 3.00L    | 3.00L    | 3.00L    | 98  |
| 99 CHEMICAL URINALYSIS           |         |         |         |        | 4.00     | 4.00     | 4.00     | 4.00     | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |         |         |        | 20.00    | 25.00    | 22.50    | 33.00    | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |         |         |        |          |          |          |          | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |         |         |        | 1200.00  | 1200.00  | 1200.00  | 1200.00  | 102 |
| 103 KIDNEY TRANSPLANT            |         |         |         |        | 2386.10* | 2176.60* | 2001.20* | 1754.20* | 103 |
| 104 HOSPITAL BED - RENTAL        |         |         |         |        | 75.00    | 45.00L   | 57.20    | 45.00L   | 104 |
| 105 WALKER - RENTAL              |         |         |         |        | 10.00    | 10.00    | 10.00    | 10.00    | 105 |
| 106 WHEELCHAIR - RENTAL          |         |         |         |        | 20.00L   | 20.00L   | 20.00L   | 20.00L   | 106 |
| 107 LIQUIO OXYGEN - RENTAL       |         |         |         |        | 70.00    | 70.00    | 70.00    | 70.00    | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |         |         |        | 421.98L  | 421.98L  | 421.98L  | 421.98L  | 108 |
| 109 WALKER - PURCHASE            |         |         |         |        | 49.44    | 42.00    | 49.75    | 40.00    | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |         |         |        | 225.00L  | 225.00L  | 225.00L  | 225.00L  | 110 |

1982 PREVAILING CHARGE SUMMARY DATA      NATIONWIDE MUTUAL INSURANCE CO.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WEST VIRGINIA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 20      | 20       |    |
|----------------------------------|---------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         | 14.30*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 10.70*  | 14.30*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         | 21.50    | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 35.00   | 53.70*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 5.40*   | 4.00     | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 10.70*  | 14.30*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 10.70*  | 14.30*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 10.70*  | 14.30*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 17.90*  | 21.50    | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 35.00   | 53.70*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 17.90*  | 17.90*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         | 17.90*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 17.90*  | 17.90*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         | 12.50*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 15.00   | 14.30*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 32.20*  | 35.80*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         | 53.70*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 41.20*  | 53.70*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 12.50*  | 10.70*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 12.50*  | 10.70*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 32.20*  | 35.80*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         | 35.80*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         | 25.10*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         | 25.10*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         | 25.10*   | 25 |
| 26 LIMITED CONSULTATION          | 44.75*  | 35.00*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         | 35.00*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         | 28.60*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         | 35.80*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         | 26.90*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 12.00   | 12.00    | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         | 18.00    | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         | 12.50*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 21.50*  | 26.90*   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 8.60*   | 12.70*   | 35 |
| 36 SPIROMETRY                    |         | 35.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         | 71.60*   | 37 |
| 38 CHEMOTHERAPY                  |         | 17.90*   | 38 |
| 39 COLLECTION OF SPECIMENS       |         | 7.50     | 39 |
| 40 DEBRIDEMENT OF NAILS          |         | 17.90*   | 40 |
| 41 SKIN BIOPSY                   |         | 44.75*   | 41 |
| 42 CHEMOCAUTERY                  |         | 29.90*   | 42 |
| 43 RADICAL MASTECTOMY            |         | 764.30*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         | 895.00*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 26.90*  | 26.90*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         | 3823.40* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         | 2575.00  | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         | 17.90*   | 48 |
| 49 BRONCHOSCOPY                  |         | 134.25*  | 49 |
| 50 THORACENTESIS                 |         | 35.80*   | 50 |
| 51 CATHETERIZATION OF HEART      |         | 537.00*  | 51 |
| 52 INSERTION OF PACEMAKER        |         | 950.00   | 52 |
| 53 PARTIAL COLECTOMY             |         | 895.00*  | 53 |
| 54 APPENDECTOMY                  | 447.50* | 447.50*  | 54 |
| 55 SIGMOIDOSCOPY                 |         | 35.80*   | 55 |



1982 PREVAILING CHARGE SUMMARY DATA      NATIONWIDE MUTUAL INSURANCE CO.  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

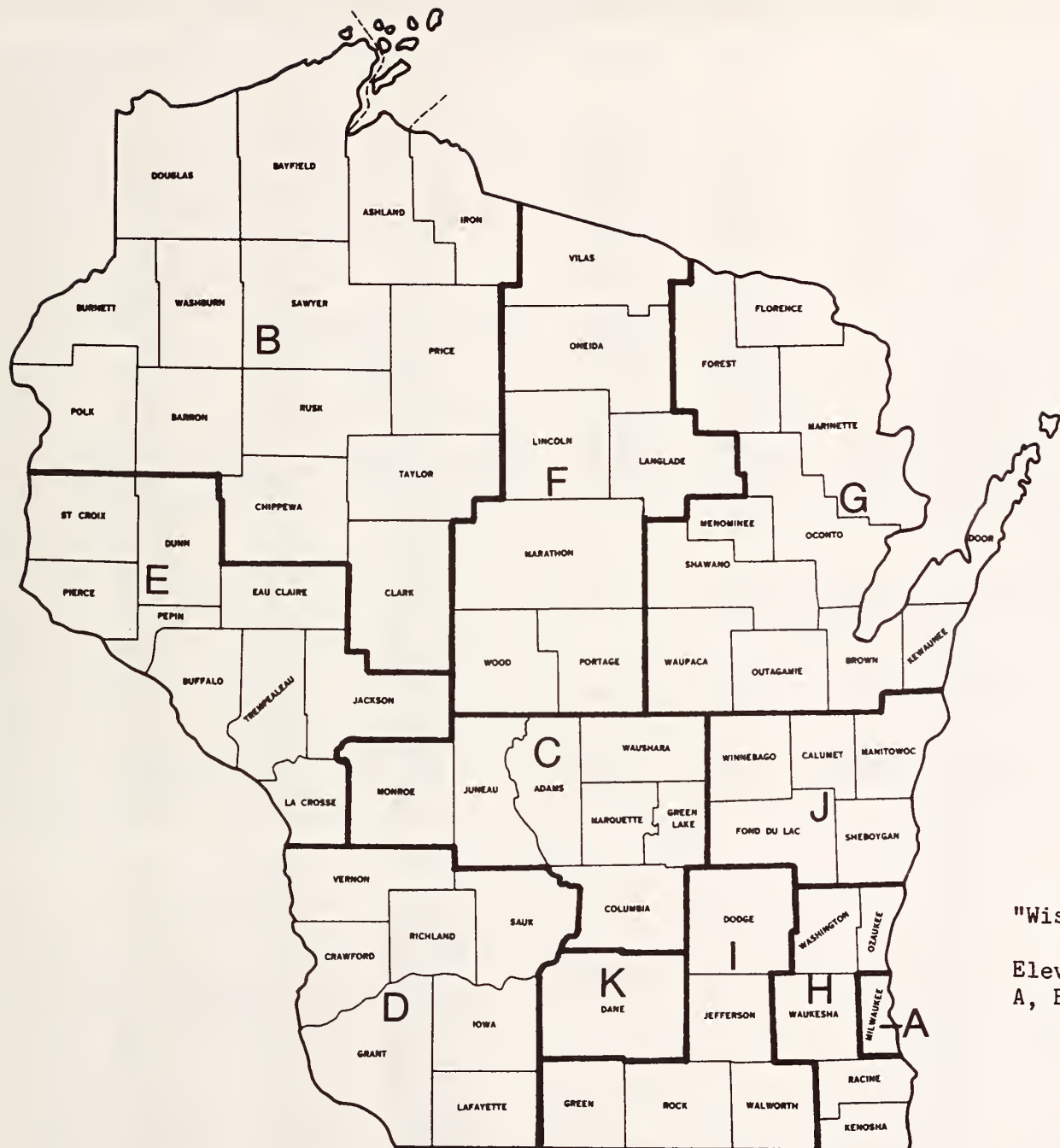
WEST VIRGINIA  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | 20      | 20       |     |
|----------------------------------|---------|----------|-----|
| 56 HEMORRHOIDECTOMY              |         | 447.50*  | 56  |
| 57 CHOLECYSTECTOMY               |         | 537.00*  | 57  |
| 58 REPAIR HERNIA                 |         | 358.00*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 65.00   | 60.00    | 59  |
| 60 DILATION OF URETHRA           |         | 21.50*   | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         | 859.20*  | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 760.75  | 760.75*  | 62  |
| 63 HYSTERECTOMY                  |         | 805.50*  | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         | 27.00    | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         | 27.00    | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         | 25.00    | 66  |
| 67 EXTRACTION OF LENS            | 716.00* | 698.10*  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 26.90*  | 21.50*   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 26.90*  | 26.90*   | 69  |
| 70 X-RAY SPINE                   |         | 30.00*   | 70  |
| 71 X-RAY HIP                     |         | 35.00*   | 71  |
| 72 X-RAY UPPER GI TRACT          | 44.75*  | 71.60*   | 72  |
| 73 X-RAY COLON                   |         | 62.70*   | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 22.40*  | 22.40*   | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  | 32.20*  | 32.20*   | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         | 37.60*   | 76  |
| 77 CAT SCAN - HEAD               |         | 295.00   | 77  |
| 78 CAT SCAN - ABDOMEN            |         | 360.00   | 78  |
| 79 THREE CHEMISTRY TESTS         |         | 1.80     | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         | 1.80     | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         | 12.00    | 81  |
| 82 HEMOGLOBIN                    |         | 3.00L    | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |          | 83  |
| 84 WHITE CELL COUNT              |         | 3.00L    | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         | 8.00L    | 85  |
| 86 CHOLESTEROL TEST              |         | 6.00L    | 86  |
| 87 FLOCCULATION TEST             |         | 7.50     | 87  |
| 88 HEMATOCRIT                    |         | 3.00L    | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         | 8.00     | 89  |
| 90 POTASSIUM TEST - BLOOD        |         | 10.00    | 90  |
| 91 PROTHROMBIN TIME TEST         |         | 5.50L    | 91  |
| 92 SEDIMENTATION RATE            |         | 5.00L    | 92  |
| 93 BLOOD SUGAR                   |         | 5.00L    | 93  |
| 94 BUN-UREA - NITROGEN           |         | 5.00L    | 94  |
| 95 URIC ACID                     |         | 6.00L    | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |         | 4.00     | 96  |
| 97 PAP TEST                      |         | 7.00L    | 97  |
| 98 ROUTINE URINALYSIS            |         | 3.00L    | 98  |
| 99 CHEMICAL URINALYSIS           |         | 4.00     | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         | 25.00    | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |          | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         | 1200.00  | 102 |
| 103 KIDNEY TRANSPLANT            |         | 2071.00* | 103 |
| 104 HOSPITAL BED - RENTAL        |         | 50.46    | 104 |
| 105 WALKER - RENTAL              |         | 10.00    | 105 |
| 106 WHEELCHAIR - RENTAL          |         | 20.00L   | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         | 70.00    | 107 |
| 108 HOSPITAL BED - PURCHASE      |         | 421.98L  | 108 |
| 109 WALKER - PURCHASE            |         | 49.75    | 109 |
| 110 WHEELCHAIR - PURCHASE        |         | 225.00L  | 110 |

WISCONSIN



# WISCONSIN



"Wisconsin Physicians Service"

Eleven Localities

A, B, C, D, E, F, G, H, I, J, K

1982 PREVAILING CHARGE SUMMARY DATA WISCONSIN PHYSICIANS SERVICE  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WISCONSIN  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | A-04    | B-12    | C-13    | D-14    | A-04     | B-12     | C-13     | D-14     |    |
|----------------------------------|---------|---------|---------|---------|----------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |         |         |         | 23.00    | 17.90*   | 17.90*   | 23.00    | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 20.00   | 16.00   | 15.00   | 18.00   | 29.40*   | 35.00*   | 15.00    | 35.00    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |         |         | 29.40*   | 35.00*   | 15.00    | 35.00    | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 20.00   | 23.10*  | 18.80*  | 25.00   | 65.00*   | 62.90*   | 51.25*   | 62.60*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 18.00*  | 5.40*   | 6.00    | 5.40*   | 12.00    | 7.20*    | 5.40*    | 8.60*    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 13.60*  | 10.70*  | 10.70*  | 10.70*  | 15.70*   | 10.70*   | 12.50*   | 12.50*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 18.00   | 12.00   | 14.30*  | 13.00   | 20.00    | 13.40*   | 12.50*   | 14.30*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 17.50   | 16.75   | 13.00   | 15.00   | 20.00    | 16.75    | 17.90*   | 12.00    | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 21.00*  | 24.00   | 25.00   | 20.00   | 55.00    | 26.20*   | 28.50    | 31.00    | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 15.00   | 25.00   | 25.00   | 25.00   | 62.60*   | 47.20*   | 42.00    | 43.00*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 30.00   | 14.30*  | 17.90*  | 15.00   | 25.00    | 14.30*   | 17.90*   | 17.90*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |         |         |         | 30.00    | 17.90*   | 26.80*   | 26.80*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 30.00   | 17.90*  | 26.80*  | 24.00   | 30.00    | 17.90*   | 26.80*   | 26.80*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |         |         | 18.00*   | 17.90*   | 13.40*   | 10.70*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 18.00*  | 14.30*  | 13.40*  | 10.70*  | 18.00*   | 10.70*   | 14.30*   | 8.90*    | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 42.00*  | 32.20*  | 26.80*  | 26.80*  | 48.50*   | 32.20*   | 26.80*   | 44.70*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         |         |         | 66.10*   | 50.00    | 53.70*   | 62.60*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 62.60*  | 60.00   | 54.60   | 40.00*  | 62.60*   | 80.70*   | 51.25*   | 56.00    | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 18.00*  | 10.70*  | 10.70*  | 10.40*  | 18.00*   | 10.70*   | 7.20*    | 10.70*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 18.00*  | 17.90*  | 17.90*  | 14.30*  | 18.80*   | 16.25    | 14.30*   | 14.30*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 18.00*  | 17.90*  | 17.90*  | 14.30*  | 18.80*   | 16.25    | 14.30*   | 14.30*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         |         |         | 35.70*   | 26.80*   | 26.50*   | 40.00    | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |         |         |         | 31.75*   | 24.00*   | 24.75*   | 22.50*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         |         |         | 44.50*   | 33.60*   | 34.70*   | 31.50*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |         |         |         | 63.50*   | 48.00*   | 49.50*   | 45.00*   | 25 |
| 26 LIMITED CONSULTATION          | 53.70*  | 26.80*  | 32.20*  | 17.90*  | 60.00    | 26.80*   | 32.20*   | 44.70*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         |         |         |         | 62.60*   | 44.70*   | 53.70*   | 62.60*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |         |         |         | 89.40*   | 84.90*   | 75.20*   | 62.60*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |         |         |         | 55.90*   | 68.20*   | 55.50*   | 62.90*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |         |         |         | 28.25*   | 36.70*   | 29.90*   | 33.90*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 10.40*  | 13.00   | 13.00   | 13.00   | 12.00    | 12.00    | 12.00    | 12.00    | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |         |         |         | 25.00    | 22.00*   | 12.80*   | 11.60*   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |         |         |         | 15.70*   | 14.30*   | 14.30*   | 14.30*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 38.00   | 26.80*  | 26.00   | 20.00   | 26.70*   | 26.80*   | 26.00    | 28.00    | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 10.00 P | 8.90*P  | 8.40 P  | 3.00 P  | 6.00 P   | 5.00 P   | 7.00 P   | 7.00 P   | 35 |
| 36 SPIROMETRY                    |         |         |         |         | 50.00    | 20.00    | 47.00    | 47.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |         |         |         | 75.20*   | 69.20    | 69.20    | 69.20    | 37 |
| 38 CHEMOTHERAPY                  |         |         |         |         |          |          |          |          | 38 |
| 39 COLLECTION OF SPECIMENS       |         |         |         |         | 3.00*    | 3.00*    | 3.00*    | 3.00*    | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |         |         |         |          |          |          |          | 40 |
| 41 SKIN BIOPSY                   |         |         |         |         | 33.90    | 26.80*   | 26.80*   | 26.80*   | 41 |
| 42 CHEMOCAUTERY                  |         |         |         |         | 52.60*   | 53.70*   | 58.90*   | 49.50*   | 42 |
| 43 RADICAL MASTECTOMY            |         |         |         |         | 867.20*  | 537.00*  | 873.60*  | 639.90*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |         |         |         | 982.80*  | 1090.00  | 1090.00  | 859.20*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 34.20*  | 29.10*  | 33.00*  | 28.80*  | 34.20*   | 29.10*   | 33.00*   | 28.80*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         |         |         |         | 3681.00  | 3492.25* | 3376.70* | 2836.50* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         |         |         | 1342.40* | 2100.00  | 2100.00  | 1791.40* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |         |         |         | 22.80*   | 19.40*   | 22.00*   | 19.20*   | 48 |
| 49 BRONCHOSCOPY                  |         |         |         |         | 268.40*  | 134.20*  | 270.90*  | 227.50*  | 49 |
| 50 THORACENTESIS                 |         |         |         |         | 75.20*   | 46.50*   | 69.60*   | 36.00*   | 50 |
| 51 CATHETERIZATION OF HEART      |         |         |         |         | 567.80*  | 575.00   | 575.00   | 575.00   | 51 |
| 52 INSERTION OF PACEMAKER        |         |         |         |         | 805.20*  | 860.00   | 856.50*  | 719.50*  | 52 |
| 53 PARTIAL COLECTOMY             |         |         |         |         | 1020.00  | 960.00   | 1001.30* | 841.10*  | 53 |
| 54 APPENDECTOMY                  | 446.25* | 429.60* | 429.60* | 429.60* | 447.40*  | 384.80*  | 560.00   | 322.20*  | 54 |
| 55 SIGMOIDOSCOPY                 |         |         |         |         | 53.70*   | 34.75    | 44.70*   | 35.80*   | 55 |

1982 PREVAILING CHARGE SUMMARY DATA WISCONSIN PHYSICIANS SERVICE  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WISCONSIN  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | A-04    | B-12    | C-13    | O-14    | A-04     | B-12     | C-13     | O-14     |     |
|----------------------------------|---------|---------|---------|---------|----------|----------|----------|----------|-----|
| 56 HEMORRHOIDECTOMY              |         |         |         |         | 402.50   | 268.50*  | 268.50*  | 322.20*  | 56  |
| 57 CHOLECYSTECTOMY               |         |         |         |         | 671.20*  | 510.10*  | 644.40*  | 644.40*  | 57  |
| 58 REPAIR HERNIA                 |         |         |         |         | 400.00   | 358.00*  | 385.00   | 358.00*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 101.30* | 44.70*  | 53.70*  | 87.20*  | 71.60*   | 88.60*   | 85.60*   | 71.90*   | 59  |
| 60 DILATION OF URETHRA           |         |         |         |         | 16.10*   | 24.00    | 18.00    | 18.00    | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         |         |         |         | 951.00*  | 716.00*  | 859.20*  | 827.40*  | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 755.30* | 859.20* | 528.00* | 809.40* | 859.10*  | 716.00*  | 859.20*  | 816.60*  | 62  |
| 63 HYSTERECTOMY                  |         |         |         |         | 805.40*  | 963.30*  | 931.40*  | 782.40*  | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |         |         |         | 28.00    | 17.90*   | 20.50*   | 23.20*   | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |         |         |         | 26.80*   | 28.80    | 30.40    | 27.10*   | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |         |         |         | 18.00    | 17.90*   | 15.40*   | 17.40*   | 66  |
| 67 EXTRACTION OF LENS            | 851.70* | 775.10* | 910.00* | 859.20* | 895.00*  | 850.00   | 805.50*  | 859.20*  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 23.40*  | 17.90*  | 21.50*  | 17.50   | 23.40*   | 21.50*   | 21.90*   | 17.90*   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 34.00   | 26.00   | 34.00   | 26.80*  | 28.60*   | 32.20*   | 31.30*   | 34.00    | 69  |
| 70 X-RAY SPINE                   |         |         |         |         | 36.75*   | 38.10*   | 38.70*   | 42.60*   | 70  |
| 71 X-RAY HIP                     |         |         |         |         | 35.00*   | 41.20*   | 41.80*   | 45.00    | 71  |
| 72 X-RAY UPPER GI TRACT          | 66.50   | 62.60*  | 44.70*  | 35.80*  | 57.20*   | 65.90*   | 66.90*   | 73.60*   | 72  |
| 73 X-RAY COLON                   |         |         |         |         | 53.70*   | 61.80*   | 62.70*   | 68.00    | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 14.70*  | 28.80*  | 29.25*  | 31.00   | 14.70*   | 28.80*   | 29.25*   | 31.00    | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  | 14.70*  | 41.20*  | 41.80*  | 44.00   | 14.70*   | 41.20*   | 41.80*   | 44.00    | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         |         |         |         | 38.40*   | 37.30*   | 44.00    | 43.60*   | 76  |
| 77 CAT SCAN - HEAD               |         |         |         |         | 314.00*  | 195.30*  | 198.10*  | 218.00*  | 77  |
| 78 CAT SCAN - ABDOMEN            |         |         |         |         | 346.00*  | 393.00   | 393.00   | 393.00   | 78  |
| 79 THREE CHEMISTRY TESTS         |         |         |         |         |          |          |          |          | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |         |         |         | 29.00    | 31.50    | 31.50    | 31.50    | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         |         |         |         | 23.00    | 13.00    | 13.00    | 13.00    | 81  |
| 82 HEMOGLOBIN                    |         |         |         |         | 5.50L    | 3.75L    | 3.75L    | 3.75L    | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |         |         |         | 15.00    | 12.00    | 12.00    | 12.00    | 83  |
| 84 WHITE CELL COUNT              |         |         |         |         | 5.50L    | 4.00L    | 4.00L    | 4.00L    | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |         |         |         | 17.50L   | 12.00L   | 12.00L   | 12.00L   | 85  |
| 86 CHOLESTEROL TEST              |         |         |         |         | 9.00L    | 7.00L    | 7.00L    | 7.00L    | 86  |
| 87 FLOCCULATION TEST             |         |         |         |         | 9.10     | 7.10     | 7.10     | 7.10     | 87  |
| 88 HEMATOCRIT                    |         |         |         |         | 5.50L    | 4.00L    | 4.00L    | 4.00L    | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |         |         |         | 12.50    | 9.70     | 9.70     | 9.70     | 89  |
| 90 POTASSIUM TEST - BLOOD        |         |         |         |         | 10.20    | 9.00     | 9.00     | 9.00     | 90  |
| 91 PROTHROMBIN TIME TEST         |         |         |         |         | 10.00L   | 6.50L    | 6.50L    | 6.50L    | 91  |
| 92 SEDIMENTATION RATE            |         |         |         |         | 6.50L    | 5.00L    | 5.00L    | 5.00L    | 92  |
| 93 BLOOD SUGAR                   |         |         |         |         | 10.00L   | 7.00L    | 7.00L    | 7.00L    | 93  |
| 94 BUN-UREA - NITROGEN           |         |         |         |         | 10.00L   | 8.00L    | 8.00L    | 8.00L    | 94  |
| 95 URIC ACID                     |         |         |         |         | 10.00L   | 7.50L    | 7.50L    | 7.50L    | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |         |         |         |         | 6.00     | 5.00     | 5.00     | 5.00     | 96  |
| 97 PAP TEST                      |         |         |         |         | 8.00L    | 6.00L    | 6.00L    | 6.00L    | 97  |
| 98 ROUTINE URINALYSIS            |         |         |         |         | 7.00L    | 5.00L    | 5.00L    | 5.00L    | 98  |
| 99 CHEMICAL URINALYSIS           |         |         |         |         | 5.00     | 3.50     | 3.50     | 3.50     | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |         |         |         | 30.00    | 27.50    | 27.50    | 27.50    | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |         |         |         | 28.00    | 25.00    | 25.00    | 25.00    | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |         |         |         | 1132.20* | 1124.50* | 1200.00  | 970.50*  | 102 |
| 103 KIDNEY TRANSPLANT            |         |         |         |         | 1942.60* | 1888.00* | 1888.00* | 1888.00* | 103 |
| 104 HOSPITAL BED - RENTAL        |         |         |         |         | 47.50L   | 35.00L   | 35.00L   | 35.00L   | 104 |
| 105 WALKER - RENTAL              |         |         |         |         | 22.00    | 9.50     | 9.50     | 9.50     | 105 |
| 106 WHEELCHAIR - RENTAL          |         |         |         |         | 26.00L   | 16.50L   | 16.50L   | 16.50L   | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         |         |         |         | 80.00    | 80.00    | 80.00    | 80.00    | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |         |         |         | 592.00   | 592.00   | 592.00   | 592.00   | 108 |
| 109 WALKER - PURCHASE            |         |         |         |         | 39.90    | 45.00    | 45.00    | 45.00    | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |         |         |         | 271.00L  | 239.00L  | 239.00L  | 239.00L  | 110 |



1982 PREVAILING CHARGE SUMMARY DATA WISCONSIN PHYSICIANS SERVICE  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WISCONSIN  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | K-15    | E-19    | F-36    | G-40    | K-15     | E-19     | F-36     | G-40     |    |
|----------------------------------|---------|---------|---------|---------|----------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |         |         |         | 23.00    | 25.00    | 22.00    | 20.25    | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 20.00   | 37.60*  | 20.00   | 18.00   | 31.50    | 44.70*   | 31.00    | 20.00    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |         |         | 31.50    | 44.70*   | 31.00    | 20.00    | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 25.00   | 25.00   | 25.00   | 25.00   | 62.60*   | 62.60*   | 22.00    | 53.70*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 5.00    | 5.40*   | 5.40*   | 5.40*   | 8.90*    | 5.40*    | 8.90*    | 5.40*    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 10.70*  | 10.70*  | 10.70*  | 8.90*   | 14.30*   | 14.30*   | 10.70*   | 10.70*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 16.00   | 13.00   | 13.80   | 14.00   | 17.90*   | 17.90*   | 17.90*   | 17.00    | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 18.00   | 13.00   | 10.00   | 14.00   | 25.00    | 28.60*   | 17.90*   | 17.90*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 25.00   | 30.00   | 16.50   | 25.00   | 35.00    | 18.75    | 35.80*   | 26.80*   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 32.00   | 30.00   | 35.80*  | 32.20*  | 44.70*   | 44.70*   | 44.70*   | 35.80*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 21.50*  | 17.90*  | 17.90*  | 17.90*  | 21.50*   | 17.90*   | 17.90*   | 17.00    | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |         |         |         | 26.80*   | 26.80*   | 17.90*   | 26.80*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 26.80*  | 26.80*  | 17.90*  | 26.80*  | 26.80*   | 26.80*   | 17.90*   | 26.80*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |         |         | 21.50*   | 8.90*    | 14.30*   | 25.00    | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 17.00   | 12.10   | 14.00   | 10.70*  | 21.50*   | 12.50*   | 14.30*   | 10.70*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 37.60*  | 26.80*  | 32.20*  | 35.80*  | 45.00    | 44.70*   | 44.70*   | 53.70*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         |         |         | 64.50    | 44.70*   | 64.40*   | 62.60*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 60.70*  | 64.40*  | 44.70*  | 50.00   | 74.00    | 62.60*   | 64.40*   | 65.00    | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 10.70*  | 10.70*  | 10.70*  | 10.70*  | 14.30*   | 12.50*   | 14.30*   | 14.30*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 15.00   | 15.00   | 14.30*  | 14.00   | 17.90*   | 15.00    | 21.50*   | 17.90*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 15.00   | 15.00   | 14.30*  | 14.00   | 17.90*   | 15.00    | 21.50*   | 17.90*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         |         |         | 45.00    | 12.50*   | 49.50*   | 60.00    | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |         |         |         | 27.75*   | 25.25*   | 28.75*   | 25.50*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         |         |         | 38.90*   | 35.40*   | 40.25*   | 35.70*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |         |         |         | 55.50*   | 50.50*   | 57.50*   | 51.00*   | 25 |
| 26 LIMITED CONSULTATION          | 26.80*  | 26.80*  | 26.80*  | 26.80*  | 30.40*   | 35.80*   | 26.80*   | 35.80*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         |         |         |         | 62.60*   | 57.30*   | 44.70*   | 82.00    | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |         |         |         | 56.40*   | 80.00    | 64.40*   | 89.50*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |         |         |         | 62.70*   | 62.70*   | 62.70*   | 40.00*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |         |         |         | 46.50*   | 32.20*   | 29.70*   | 31.90*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 13.00   | 13.00   | 13.00   | 13.00   | 12.00    | 12.00    | 12.00    | 12.00    | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |         |         |         | 24.30*   | 19.40*   | 19.80*   | 24.20*   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |         |         |         | 14.30*   | 14.30*   | 14.30*   | 14.30*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 26.80*  | 26.80*  | 30.00   | 25.00   | 26.80*   | 26.80*   | 30.00    | 26.80*   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 8.40 P  | 8.40 P  | 8.40 P  | 7.20*P  | 7.00 P   | 12.50*P  | 8.90*P   | 7.50 P   | 35 |
| 36 SPIROMETRY                    |         |         |         |         | 22.00    | 42.70    | 71.00    | 27.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |         |         |         | 71.60*   | 69.20    | 69.20    | 69.20    | 37 |
| 38 CHEMOTHERAPY                  |         |         |         |         |          |          |          |          | 38 |
| 39 COLLECTION OF SPECIMENS       |         |         |         |         | 3.00*    | 3.00*    | 3.00*    | 3.00*    | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |         |         |         |          |          |          |          | 40 |
| 41 SKIN BIOPSY                   |         |         |         |         | 26.80*   | 33.90    | 26.80*   | 26.80*   | 41 |
| 42 CHEMOCAUTERY                  |         |         |         |         | 45.00    | 60.00    | 60.00    | 56.90*   | 42 |
| 43 RADICAL MASTECTOMY            |         |         |         |         | 805.50*  | 537.00*  | 537.00*  | 537.00*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |         |         |         | 1002.40* | 969.40   | 1002.40* | 805.50*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 33.30*  | 30.30*  | 34.50*  | 31.50*  | 33.30*   | 30.30*   | 34.50*   | 31.50*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         |         |         |         | 2291.20* | 3296.00* | 2885.60* | 3259.80* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         |         |         | 2088.10* | 2081.60* | 1660.50* | 1767.40* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |         |         |         | 22.20*   | 20.20*   | 23.00*   | 21.00*   | 48 |
| 49 BRONCHOSCOPY                  |         |         |         |         | 219.00   | 280.00   | 196.90*  | 179.00*  | 49 |
| 50 THORACENTESIS                 |         |         |         |         | 41.40    | 52.50*   | 67.70*   | 32.20*   | 50 |
| 51 CATHETERIZATION OF HEART      |         |         |         |         | 563.80*  | 575.00   | 575.00   | 447.50*  | 51 |
| 52 INSERTION OF PACEMAKER        |         |         |         |         | 860.00   | 860.00   | 860.00   | 826.80*  | 52 |
| 53 PARTIAL COLECTOMY             |         |         |         |         | 965.50*  | 925.20*  | 840.80*  | 902.30*  | 53 |
| 54 APPENDECTOMY                  | 501.20* | 501.20* | 429.60* | 358.00* | 537.00*  | 501.20*  | 429.60*  | 429.60*  | 54 |
| 55 SIGMOIDOSCOPY                 |         |         |         |         | 35.80*   | 44.70*   | 32.20*   | 35.80*   | 55 |

1982 PREVAILING CHARGE SUMMARY DATA WISCONSIN PHYSICIANS SERVICE  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WISCONSIN  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | K-15    | E-19     | F-36    | G-40    | K-15     | E-19     | F-36     | G-40     |     |
|----------------------------------|---------|----------|---------|---------|----------|----------|----------|----------|-----|
| 56 HEMORRHOIDECTOMY              |         |          |         |         | 402.50   | 402.50   | 375.90*  | 322.20*  | 56  |
| 57 CHOLECYSTECTOMY               |         |          |         |         | 805.50*  | 680.00   | 644.40*  | 644.40*  | 57  |
| 58 REPAIR HERNIA                 |         |          |         |         | 447.50*  | 438.50*  | 375.90*  | 375.90*  | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 52.70*  | 57.90*   | 88.70*  | 100.25* | 53.70*   | 60.60    | 62.60*   | 53.70*   | 59  |
| 60 DILATION OF URETHRA           |         |          |         |         | 16.00    | 15.75    | 21.50*   | 20.00    | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         |          |         |         | 859.20*  | 1002.40* | 859.20*  | 859.20*  | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 914.70* | 969.40   | 859.20* | 909.50* | 859.20*  | 969.40   | 850.20*  | 859.20*  | 62  |
| 63 HYSTERECTOMY                  |         |          |         |         | 877.10*  | 939.70*  | 805.50*  | 751.80*  | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |          |         |         | 25.00    | 21.50*   | 34.50    | 26.80*   | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |          |         |         | 28.60*   | 35.00    | 31.50*   | 32.00    | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |          |         |         | 20.00    | 17.90*   | 21.50*   | 17.90*   | 66  |
| 67 EXTRACTION OF LENS            | 842.90* | 1002.30* | 782.20* | 775.20* | 805.50*  | 859.20*  | 859.20*  | 859.20*  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 21.50*  | 21.50    | 16.00   | 21.50*  | 17.90*   | 17.90*   | 21.50*   | 19.70*   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 32.20*  | 27.25    | 32.20*  | 30.00   | 34.00    | 26.50    | 15.00    | 32.20*   | 69  |
| 70 X-RAY SPINE                   |         |          |         |         | 45.00    | 39.40*   | 32.20*   | 21.00*   | 70  |
| 71 X-RAY HIP                     |         |          |         |         | 32.20*   | 26.80*   | 43.00*   | 43.00*   | 71  |
| 72 X-RAY UPPER GI TRACT          | 53.70*  | 66.50    | 62.60*  | 64.40*  | 71.60*   | 55.50*   | 43.00*   | 42.00*   | 72  |
| 73 X-RAY COLON                   |         |          |         |         | 71.60*   | 55.50*   | 62.60*   | 37.00*   | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 30.70*  | 27.80*   | 31.00   | 30.00*  | 31.00    | 26.80*   | 31.00    | 17.90*   | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  | 43.80*  | 39.70*   | 44.00   | 42.90*  | 44.00    | 44.00    | 19.70*   | 17.90*   | 75  |
| 76 RADIATION THERAPY-MEGAVOLT    |         |          |         |         | 41.60*   | 40.80*   | 44.00    | 40.30*   | 76  |
| 77 CAT SCAN - HEAD               |         |          |         |         | 207.80*  | 188.30*  | 222.70*  | 203.30*  | 77  |
| 78 CAT SCAN - ABDOMEN            |         |          |         |         | 393.00   | 390.30*  | 393.00   | 393.00   | 78  |
| 79 THREE CHEMISTRY TESTS         |         |          |         |         |          |          |          |          | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |          |         |         | 31.50    | 31.50    | 31.50    | 31.50    | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         |          |         |         | 13.00    | 13.00    | 13.00    | 13.00    | 81  |
| 82 HEMOGLOBIN                    |         |          |         |         | 3.75L    | 3.75L    | 3.75L    | 3.75L    | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |          |         |         | 12.00    | 12.00    | 12.00    | 12.00    | 83  |
| 84 WHITE CELL COUNT              |         |          |         |         | 4.00L    | 4.00L    | 4.00L    | 4.00L    | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |          |         |         | 12.00L   | 12.00L   | 12.00L   | 12.00L   | 85  |
| 86 CHOLESTEROL TEST              |         |          |         |         | 7.00L    | 7.00L    | 7.00L    | 7.00L    | 86  |
| 87 FLOCCULATION TEST             |         |          |         |         | 7.10     | 7.10     | 7.10     | 7.10     | 87  |
| 88 HEMATOCRIT                    |         |          |         |         | 4.00L    | 4.00L    | 4.00L    | 4.00L    | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |          |         |         | 9.70     | 9.70     | 9.70     | 9.70     | 89  |
| 90 POTASSIUM TEST - BLOOD        |         |          |         |         | 9.00     | 9.00     | 9.00     | 9.00     | 90  |
| 91 PROTHROMBIN TIME TEST         |         |          |         |         | 6.50L    | 6.50L    | 6.50L    | 6.50L    | 91  |
| 92 SEDIMENTATION RATE            |         |          |         |         | 5.00L    | 5.00L    | 5.00L    | 5.00L    | 92  |
| 93 BLOOD SUGAR                   |         |          |         |         | 7.00L    | 7.00L    | 7.00L    | 7.00L    | 93  |
| 94 BUN-UREA - NITROGEN           |         |          |         |         | 8.00L    | 8.00L    | 8.00L    | 8.00L    | 94  |
| 95 URIC ACID                     |         |          |         |         | 7.50L    | 7.50L    | 7.50L    | 7.50L    | 95  |
| 96 FECES-OCCULT BLOOD-SCREENING  |         |          |         |         | 5.00     | 5.00     | 5.00     | 5.00     | 96  |
| 97 PAP TEST                      |         |          |         |         | 6.00L    | 6.00L    | 6.00L    | 6.00L    | 97  |
| 98 ROUTINE URINALYSIS            |         |          |         |         | 5.00L    | 5.00L    | 5.00L    | 5.00L    | 98  |
| 99 CHEMICAL URINALYSIS           |         |          |         |         | 3.50     | 3.50     | 3.50     | 3.50     | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |          |         |         | 27.50    | 27.50    | 27.50    | 27.50    | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |          |         |         | 25.00    | 25.00    | 25.00    | 25.00    | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |          |         |         | 1022.40* | 1135.70* | 985.90*  | 1101.20* | 102 |
| 103 KIDNEY TRANSPLANT            |         |          |         |         | 1888.00* | 1888.00* | 1888.00* | 1888.00* | 103 |
| 104 HOSPITAL BED - RENTAL        |         |          |         |         | 35.00L   | 35.00L   | 35.00L   | 35.00L   | 104 |
| 105 WALKER - RENTAL              |         |          |         |         | 9.50     | 9.50     | 9.50     | 9.50     | 105 |
| 106 WHEELCHAIR - RENTAL          |         |          |         |         | 16.50L   | 16.50L   | 16.50L   | 16.50L   | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         |          |         |         | 80.00    | 80.00    | 80.00    | 80.00    | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |          |         |         | 592.00   | 592.00   | 592.00   | 592.00   | 108 |
| 109 WALKER - PURCHASE            |         |          |         |         | 45.00    | 45.00    | 45.00    | 45.00    | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |          |         |         | 239.00L  | 239.00L  | 239.00L  | 239.00L  | 110 |



1982 PREVAILING CHARGE SUMMARY DATA WISCONSIN PHYSICIANS SERVICE  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WISCONSIN  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | H-46    | I-54    | J-60    | H-46     | I-54     | J-60     |    |
|----------------------------------|---------|---------|---------|----------|----------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         |         |         | 26.00    | 23.00    | 26.80*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 21.00   | 20.00   | 20.00   | 48.00    | 44.70*   | 35.00    | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         |         |         | 48.00    | 44.70*   | 35.00    | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 25.00   | 25.00   | 25.00   | 62.60*   | 53.70*   | 60.00    | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 5.00    | 5.40*   | 4.00    | 6.00     | 7.20*    | 7.20*    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 12.50*  | 10.70*  | 10.70*  | 14.30*   | 12.50*   | 13.40*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 15.00   | 14.30*  | 14.00   | 17.90*   | 16.50    | 15.00    | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 15.00   | 15.00   | 14.00   | 17.90*   | 21.50*   | 17.90*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 25.00   | 25.00   | 22.00   | 25.00    | 26.80*   | 35.80*   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 35.80*  | 25.00   | 20.00   | 44.70*   | 44.70*   | 55.00    | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 21.50*  | 17.90*  | 17.90*  | 21.50*   | 17.90*   | 17.90*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         |         |         | 30.00    | 30.00    | 26.80*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 30.00   | 30.00   | 26.80*  | 30.00    | 30.00    | 26.80*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         |         |         | 17.90*   | 17.90*   | 16.00    | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 17.90*  | 17.90*  | 15.00   | 17.90*   | 17.90*   | 17.00    | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 43.00*  | 35.80*  | 35.80*  | 62.60*   | 44.70*   | 53.70*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         |         |         | 69.00    | 53.70*   | 60.00    | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 70.00   | 70.00   | 60.00   | 70.00    | 62.60*   | 65.00    | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 12.50*  | 12.50*  | 10.70*  | 17.90*   | 12.50*   | 14.30*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 17.90*  | 17.90*  | 14.30*  | 17.90*   | 17.90*   | 16.00    | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 17.90*  | 17.90*  | 14.30*  | 17.90*   | 17.90*   | 16.00    | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         |         |         | 32.00    | 32.20*   | 25.00    | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         |         |         | 28.75*   | 26.50*   | 25.25*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |         |         | 40.25*   | 37.10*   | 35.40*   | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |         |         | 57.50*   | 53.00*   | 50.50*   | 25 |
| 26 LIMITED CONSULTATION          | 25.00   | 17.90*  | 26.80*  | 35.80*   | 26.80*   | 26.80*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         |         |         | 62.60*   | 62.60*   | 70.00    | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         |         |         | 71.60*   | 62.60*   | 89.50*   | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         |         |         | 62.70*   | 62.70*   | 62.70*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         |         |         | 33.80*   | 27.60*   | 45.00    | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 13.00   | 13.00   | 13.00   | 12.00    | 12.00    | 12.00    | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         |         |         | 21.20*   | 18.40*   | 25.00    | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         |         |         | 14.30*   | 14.30*   | 14.30*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 29.50*  | 25.00   | 30.00   | 32.20*   | 26.80*   | 26.80*   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 8.40 P  | 8.40 P  | 8.40 P  | 7.20 P   | 10.70*P  | 10.00 P  | 35 |
| 36 SPIROMETRY                    |         |         |         | 50.00    | 27.00    | 35.00    | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         |         |         | 69.20    | 62.60*   | 69.20    | 37 |
| 38 CHEMOTHERAPY                  |         |         |         |          |          |          | 38 |
| 39 COLLECTION OF SPECIMENS       |         |         |         | 3.00*    | 3.00*    | 3.00*    | 39 |
| 40 DEBRIDEMENT OF NAILS          |         |         |         |          |          |          | 40 |
| 41 SKIN BIOPSY                   |         |         |         | 33.90    | 28.60*   | 33.90    | 41 |
| 42 CHEMOCAUTERY                  |         |         |         | 60.00    | 50.00    | 60.00    | 42 |
| 43 RADICAL MASTECTOMY            |         |         |         | 844.70*  | 626.50*  | 751.80*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         |         |         | 859.20*  | 895.00*  | 859.20*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 35.10*  | 31.50*  | 32.70*  | 35.10*   | 31.50*   | 32.70*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         |         |         | 3297.10* | 2972.70* | 3085.80* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         |         |         | 1934.00* | 1813.40* | 1380.60* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         |         |         | 23.40*   | 21.00*   | 21.80*   | 48 |
| 49 BRONCHOSCOPY                  |         |         |         | 174.50*  | 161.10*  | 161.10*  | 49 |
| 50 THORACENTESIS                 |         |         |         | 77.40*   | 47.10*   | 67.50*   | 50 |
| 51 CATHETERIZATION OF HEART      |         |         |         | 575.00   | 575.00   | 575.00   | 51 |
| 52 INSERTION OF PACEMAKER        |         |         |         | 836.30*  | 754.00*  | 782.70*  | 52 |
| 53 PARTIAL COLECTOMY             |         |         |         | 967.00*  | 984.00*  | 915.75*  | 53 |
| 54 APPENDECTOMY                  | 429.60* | 393.80* | 429.60* | 447.50*  | 476.10*  | 456.40*  | 54 |
| 55 SIGMOIDOSCOPY                 |         |         |         | 44.70*   | 35.80*   | 44.70*   | 55 |

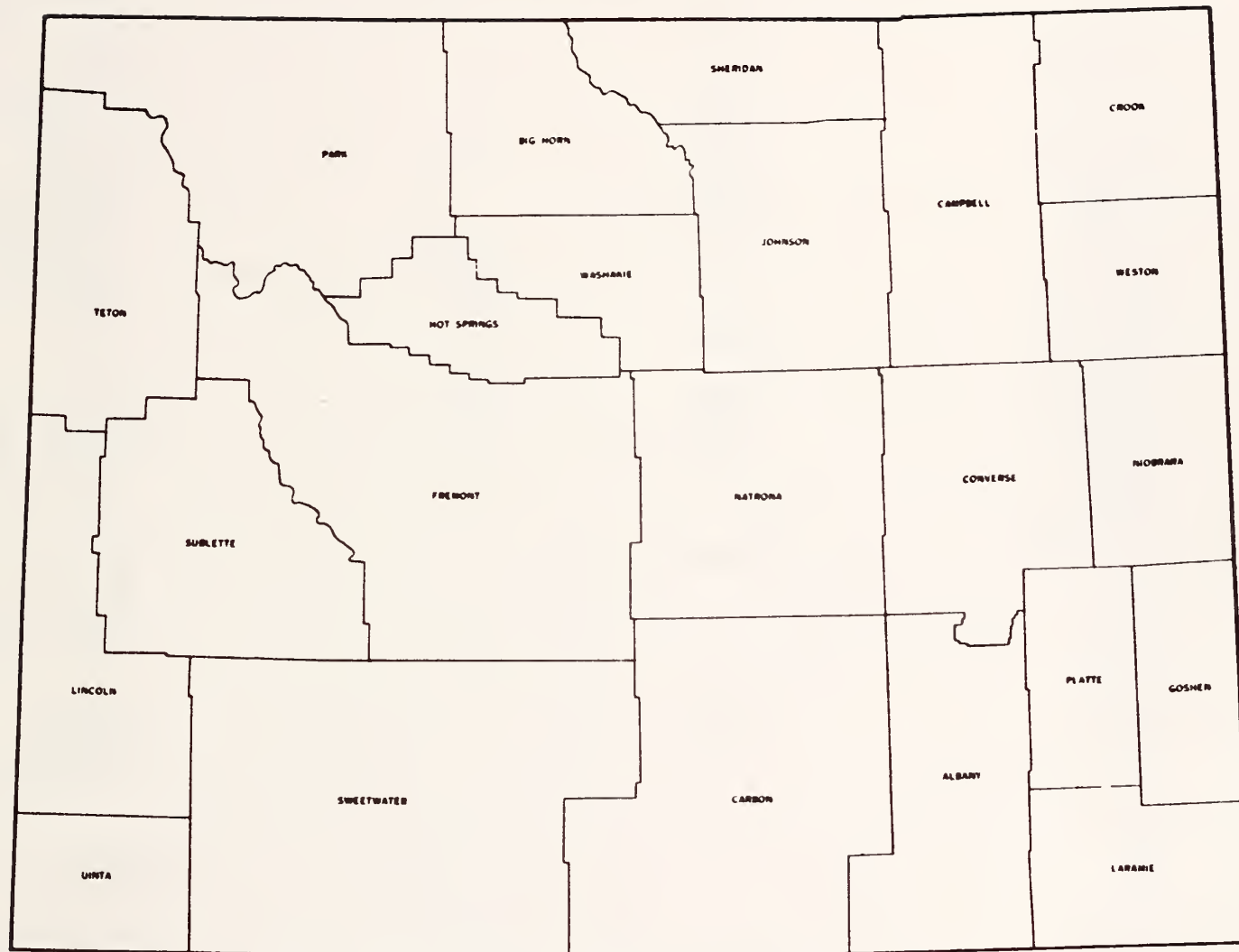
1982 PREVAILING CHARGE SUMMARY DATA WISCONSIN PHYSICIANS SERVICE  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WISCONSIN  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | H-46    | I-54    | J-60    | H-46     | I-54     | J-60     |     |
|----------------------------------|---------|---------|---------|----------|----------|----------|-----|
| 56 HEMORRHOIDECTOMY              |         |         |         | 358.00*  | 350.80*  | 322.20*  | 56  |
| 57 CHOLECYSTECTOMY               |         |         |         | 698.10*  | 726.70*  | 671.20*  | 57  |
| 58 REPAIR HERNIA                 |         |         |         | 429.60*  | 447.50*  | 375.90*  | 58  |
| 59 OIAGNOSTIC CYSTOURETHROSCOPY  | 97.20*  | 53.70*  | 79.20*  | 102.00   | 85.90*   | 89.50*   | 59  |
| 60 OILATION OF URETHRA           |         |         |         | 15.00    | 21.50*   | 14.00    | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         |         |         | 966.60*  | 680.20*  | 859.20*  | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 953.40* | 927.40* | 859.20* | 966.60*  | 1002.40* | 859.20*  | 62  |
| 63 HYSTERECTOMY                  |         |         |         | 805.50*  | 902.10*  | 805.50*  | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         |         |         | 28.00    | 35.00    | 26.80*   | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         |         |         | 28.00    | 32.00    | 25.60    | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         |         |         | 15.00    | 16.50    | 14.30*   | 66  |
| 67 EXTRACTION OF LENS            | 904.00  | 829.40* | 782.70* | 895.00*  | 787.60*  | 716.00*  | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 22.00   | 21.50*  | 22.60   | 17.90*   | 25.00    | 17.90*   | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 32.20*  | 26.80*  | 26.80*  | 26.80*   | 26.90*   | 26.80*   | 69  |
| 70 X-RAY SPINE                   |         |         |         | 35.80*   | 21.00*   | 26.80*   | 70  |
| 71 X-RAY HIP                     |         |         |         | 14.30*   | 43.00*   | 32.20*   | 71  |
| 72 X-RAY UPPER GI TRACT          | 64.40*  | 56.00*  | 53.70*  | 62.60*   | 56.00*   | 71.60*   | 72  |
| 73 X-RAY COLON                   |         |         |         | 53.70*   | 49.00*   | 62.60*   | 73  |
| 74 RADIATION THERAPY-LOW VOLT    | 29.30*  | 31.00   | 27.10*  | 12.50*   | 31.00    | 27.10*   | 74  |
| 75 RADIATION THERAPY-SUPER VOLT  | 41.80*  | 44.00   | 38.70*  | 14.30*   | 8.90*    | 35.00*   | 75  |
| 76 RAOIATION THERAPY-MEGAVOLT    |         |         |         | 41.20*   | 44.00    | 37.60*   | 76  |
| 77 CAT SCAN - HEAD               |         |         |         | 198.30*  | 220.50*  | 183.50*  | 77  |
| 78 CAT SCAN - ABDOMEN            |         |         |         | 393.00   | 393.00   | 380.30*  | 78  |
| 79 THREE CHEMISTRY TESTS         |         |         |         |          |          |          | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         |         |         | 31.50    | 31.50    | 31.50    | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         |         |         | 13.00    | 13.00    | 13.00    | 81  |
| 82 HEMOGLOBIN                    |         |         |         | 3.75L    | 3.75L    | 3.75L    | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |         |         | 12.00    | 12.00    | 12.00    | 83  |
| 84 WHITE CELL COUNT              |         |         |         | 4.00L    | 4.00L    | 4.00L    | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         |         |         | 12.00L   | 12.00L   | 12.00L   | 85  |
| 86 CHOLESTEROL TEST              |         |         |         | 7.00L    | 7.00L    | 7.00L    | 86  |
| 87 FLOCCULATION TEST             |         |         |         | 7.10     | 7.10     | 7.10     | 87  |
| 88 HEMATOCRIT                    |         |         |         | 4.00L    | 4.00L    | 4.00L    | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         |         |         | 9.70     | 9.70     | 9.70     | 89  |
| 90 POTASSIUM TEST - BLOOD        |         |         |         | 9.00     | 9.00     | 9.00     | 90  |
| 91 PROTHROMBIN TIME TEST         |         |         |         | 6.50L    | 6.50L    | 6.50L    | 91  |
| 92 SEDIMENTATION RATE            |         |         |         | 5.00L    | 5.00L    | 5.00L    | 92  |
| 93 BLOOD SUGAR                   |         |         |         | 7.00L    | 7.00L    | 7.00L    | 93  |
| 94 BUN-UREA - NITROGEN           |         |         |         | 8.00L    | 8.00L    | 8.00L    | 94  |
| 95 URIC ACID                     |         |         |         | 7.50L    | 7.50L    | 7.50L    | 95  |
| 96 FECES-OCULT BLOOD-SCREENING   |         |         |         | 5.00     | 5.00     | 5.00     | 96  |
| 97 PAP TEST                      |         |         |         | 6.00L    | 6.00L    | 6.00L    | 97  |
| 98 ROUTINE URINALYSIS            |         |         |         | 5.00L    | 5.00L    | 5.00L    | 98  |
| 99 CHEMICAL URINALYSIS           |         |         |         | 3.50     | 3.50     | 3.50     | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         |         |         | 27.50    | 27.50    | 27.50    | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |         |         | 25.00    | 25.00    | 25.00    | 101 |
| 102 OONOR NEPHRECTOMY-UNILATERAL |         |         |         | 1157.60* | 1042.00* | 1073.40* | 102 |
| 103 KIDNEY TRANSPLANT            |         |         |         | 1888.00* | 1888.00* | 1888.00* | 103 |
| 104 HOSPITAL BED - RENTAL        |         |         |         | 35.00L   | 35.00L   | 35.00L   | 104 |
| 105 WALKER - RENTAL              |         |         |         | 9.50     | 9.50     | 9.50     | 105 |
| 106 WHEELCHAIR - RENTAL          |         |         |         | 16.50L   | 16.50L   | 16.50L   | 106 |
| 107 LIQUIO OXYGEN - RENTAL       |         |         |         | 80.00    | 80.00    | 80.00    | 107 |
| 108 HOSPITAL BED - PURCHASE      |         |         |         | 592.00   | 592.00   | 592.00   | 108 |
| 109 WALKER - PURCHASE            |         |         |         | 45.00    | 45.00    | 45.00    | 109 |
| 110 WHEELCHAIR - PURCHASE        |         |         |         | 239.00L  | 239.00L  | 239.00L  | 110 |

WYOMING

# WYOMING



One Locality - Statewide



1982 PREVAILING CHARGE SUMMARY DATA      EQUITABLE LIFE ASSURANCE SOCIETY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WYOMING  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | SINGLE  | SINGLE   |    |
|----------------------------------|---------|----------|----|
| 1 INITIAL BRIEF OFFICE VISIT     |         | 25.00*   | 1  |
| 2 INITIAL LIMITED OFFICE VISIT   | 30.00*  | 30.00*   | 2  |
| 3 INITIAL INTERMED OFFICE VISIT  |         | 21.20*   | 3  |
| 4 INITIAL COMP OFFICE VISIT      | 45.00*  | 62.60*   | 4  |
| 5 MINIMAL FOLLOWUP OFFICE VISIT  | 7.60*   | 7.10*    | 5  |
| 6 BRIEF FOLLOWUP OFFICE VISIT    | 10.80*  | 12.50*   | 6  |
| 7 LIMITED FOLLOWUP OFFICE VISIT  | 14.40*  | 18.00*   | 7  |
| 8 INTERMEDIATE F/U OFFICE VISIT  | 18.00*  | 20.00*   | 8  |
| 9 EXTENDED F/U OFFICE VISIT      | 20.00*  | 30.00*   | 9  |
| 10 COMP FOLLOWUP OFFICE VISIT    | 35.00*  | 53.70*   | 10 |
| 11 BRIEF FOLLOWUP HOME VISIT     | 18.00*  | 21.50*   | 11 |
| 12 LIMITED FOLLOWUP HOME VISIT   |         | 25.00*   | 12 |
| 13 INTERMEDIATE F/U HOME VISIT   | 20.00*  | 38.50*   | 13 |
| 14 EXTENDED CARE FACILITY VISIT  |         | 13.60*   | 14 |
| 15 BRIEF F/U NURSING HOME VISIT  | 10.80*  | 12.50*   | 15 |
| 16 INITIAL BRIEF HOSPITAL VISIT  | 26.90*  | 44.70*   | 16 |
| 17 INIT INTERMED HOSPITAL VISIT  |         | 62.60*   | 17 |
| 18 INITIAL COMP HOSPITAL VISIT   | 58.20*  | 71.70*   | 18 |
| 19 BRIEF FOLLOWUP HOSPITAL VISIT | 14.40*  | 18.00*   | 19 |
| 20 LIMITED F/U HOSPITAL VISIT    | 18.00*  | 18.00*   | 20 |
| 21 INTERMED F/U HOSPITAL VISIT   | 21.00*  | 30.00*   | 21 |
| 22 EXTENDED F/U HOSPITAL VISIT   |         | 26.90*   | 22 |
| 23 BRIEF EMERGENCY ROOM VISIT    |         | 22.50*   | 23 |
| 24 LIMITED EMERGENCY ROOM VISIT  |         |          | 24 |
| 25 INTERMED EMERGENCY ROOM VISIT |         |          | 25 |
| 26 LIMITED CONSULTATION          | 35.70*  | 33.70*   | 26 |
| 27 EXTENSIVE CONSULTATION        |         | 62.60*   | 27 |
| 28 COMPREHENSIVE CONSULTATION    |         | 101.10*  | 28 |
| 29 PSYCHOTHERAPY-ONE HOUR        |         | 40.00*   | 29 |
| 30 PSYCHOTHERAPY-HALF HOUR       |         | 22.50*   | 30 |
| 31 CHIROPRACTIC OFFICE VISIT     | 10.40*  | 10.80*   | 31 |
| 32 INITIAL PHYSIOTHERAPY         |         | 33.70*   | 32 |
| 33 F/U PODIATRIC OFFICE VISIT    |         | 12.50*   | 33 |
| 34 ELECTROCARDIOGRAM (EKG)       | 26.90*  | 26.90*   | 34 |
| 35 EKG-INTERPRET AND REPORT ONLY | 12.50*  | 17.00*   | 35 |
| 36 SPIROMETRY                    |         | 37.50*   | 36 |
| 37 ELECTROENCEPHALOGRAM (EEG)    |         | 75.50*   | 37 |
| 38 CHEMOTHERAPY                  |         |          | 38 |
| 39 COLLECTION OF SPECIMENS       |         | 3.00*    | 39 |
| 40 DEBRIDEMENT OF NAILS          |         | 11.20*   | 40 |
| 41 SKIN BIOPSY                   |         | 26.90*   | 41 |
| 42 CHEMOCAUTERY                  |         | 18.00*   | 42 |
| 43 RADICAL MASTECTOMY            |         | 742.00*  | 43 |
| 44 OPEN REDUCTION OF FRACTURE    |         | 716.20*  | 44 |
| 45 ARTHROCENTESIS-MAJOR JOINT    | 31.50*  | 31.80*   | 45 |
| 46 CORONARY ARTERY BYPASS        |         | 3710.00* | 46 |
| 47 TOTAL ARTIFICIAL HIP REPLACE  |         | 1153.00* | 47 |
| 48 NEEDLE PUNCTURE OF BURSA      |         | 26.90*   | 48 |
| 49 BRONCHOSCOPY                  |         | 159.00*  | 49 |
| 50 THORACENTESIS                 |         | 26.90*   | 50 |
| 51 CATHETERIZATION OF HEART      |         | 477.00   | 51 |
| 52 INSERTION OF PACEMAKER        |         | 1060.00* | 52 |
| 53 PARTIAL COLECTOMY             |         | 792.00*  | 53 |
| 54 APPENDECTOMY                  | 420.00* | 399.00*  | 54 |
| 55 SIGMOIDOSCOPY                 |         | 26.90*   | 55 |

1982 PREVAILING CHARGE SUMMARY DATA      EQUITABLE LIFE ASSURANCE SOCIETY  
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WYOMING  
LOCALITY DESIGNATION FOR SPECIALIST

| PROCEDURE DESCRIPTION            | SINGLE  | SINGLE  |     |
|----------------------------------|---------|---------|-----|
| 56 HEMORRHOIDECTOMY              |         | 295.50* | 56  |
| 57 CHOLECYSTECTOMY               |         | 671.50* | 57  |
| 58 REPAIR HERNIA                 |         | 358.10* | 58  |
| 59 DIAGNOSTIC CYSTOURETHROSCOPY  | 52.50*  | 53.70*  | 59  |
| 60 DILATION OF URETHRA           |         | 18.00*  | 60  |
| 61 PROSTATECTOMY - SUPRAPUBIC    |         | 848.00* | 61  |
| 62 ELECTROSECTION-PROSTATE (TUR) | 651.00* | 716.20* | 62  |
| 63 HYSTERECTOMY                  |         | 805.60* | 63  |
| 64 INITIAL COMPLETE EYE EXAM     |         | 27.00*  | 64  |
| 65 COMPREHENSIVE EYE EXAM        |         | 27.00*  | 65  |
| 66 EYE EXAM WITH TONOMETRY       |         | 13.00*  | 66  |
| 67 EXTRACTION OF LENS            | 840.00* | 751.90* | 67  |
| 68 CHEST X-RAY - SINGLE VIEW     | 18.00*  | 21.00*  | 68  |
| 69 CHEST X-RAY - TWO VIEWS       | 26.90*  | 26.90*  | 69  |
| 70 X-RAY SPINE                   |         | 26.90*  | 70  |
| 71 X-RAY HIP                     |         | 26.90*  | 71  |
| 72 X-RAY UPPER GI TRACT          | 53.70*  | 53.70*  | 72  |
| 73 X-RAY COLON                   |         | 53.70*  | 73  |
| 74 RAOIATION THERAPY-LOW VOLT    | 27.90*  | 27.00*  | 74  |
| 75 RAOIATION THERAPY-SUPER VOLT  | 37.20*  | 36.00*  | 75  |
| 76 RAOIATION THERAPY-MEGAVOLT    |         | 36.00*  | 76  |
| 77 CAT SCAN - HEAO               |         | 198.00* | 77  |
| 78 CAT SCAN - ABOOMEN            |         | 79.00*  | 78  |
| 79 THREE CHEMISTRY TESTS         |         | 10.00*  | 79  |
| 80 NINETEEN CHEMISTRY TESTS      |         | 25.00*  | 80  |
| 81 CULTURE - OTHER THAN BLOOD    |         | 10.00*  | 81  |
| 82 HEMOGLOBIN                    |         | 3.25L   | 82  |
| 83 AUTOMATED BLOOD COUNT         |         |         | 83  |
| 84 WHITE CELL COUNT              |         | 4.00*   | 84  |
| 85 COMPLETE BLOOD COUNT (CBC)    |         | 12.00L  | 85  |
| 86 CHOLESTEROL TEST              |         | 8.00L   | 86  |
| 87 FLOCCULATION TEST             |         | 8.00*   | 87  |
| 88 HEMATOCRIT                    |         | 3.00*   | 88  |
| 89 PLATELET COUNT (REES-ECKER)   |         | 7.75*   | 89  |
| 90 POTASSIUM TEST - BLOOD        |         | 12.00*  | 90  |
| 91 PROTHROMBIN TIME TEST         |         | 7.00L   | 91  |
| 92 SEDIMENTATION RATE            |         | 4.00L   | 92  |
| 93 BLOOD SUGAR                   |         | 8.00L   | 93  |
| 94 BUN-UREA - NITROGEN           |         | 6.00L   | 94  |
| 95 URIC ACID                     |         | 9.00L   | 95  |
| 96 FECES-OCULT BLOOD-SCREENING   |         | 4.00*   | 96  |
| 97 PAP TEST                      |         | 8.00*   | 97  |
| 98 ROUTINE URINALYSIS            |         | 5.00L   | 98  |
| 99 CHEMICAL URINALYSIS           |         | 3.54*   | 99  |
| 100 PATHOLOGY - THREE SPECIMENS  |         | 34.00*  | 100 |
| 101 ELEC MONITORING-PACEMAKER    |         |         | 101 |
| 102 DONOR NEPHRECTOMY-UNILATERAL |         |         | 102 |
| 103 KIDNEY TRANSPLANT            |         |         | 103 |
| 104 HOSPITAL BED - RENTAL        |         | 45.00*  | 104 |
| 105 WALKER - RENTAL              |         | 5.00*   | 105 |
| 106 WHEELCHAIR - RENTAL          |         | 26.50*  | 106 |
| 107 LIQUID OXYGEN - RENTAL       |         |         | 107 |
| 108 HOSPITAL BED - PURCHASE      |         | 450.00* | 108 |
| 109 WALKER - PURCHASE            |         | 30.00*  | 109 |
| 110 WHEELCHAIR - PURCHASE        |         | 280.00* | 110 |



## APPENDIX A



## ALABAMA

## Six Localities:

- 01 Seven N.W. Counties: Colbert, Franklin, Lauderdale,  
Lawrence, Limestone, Madison, Morgan
- 02 Six North Central Counties: Calhoun, Dekalb, Etowah,  
Fayette, Marshall, Tuscaloosa
- 03 Eight S.E. Counties: Butler, Covington, Crenshaw,  
Dallas, Houston, Lee, Montgomery, Russell
- 04 Two S.W. Counties: Baldwin, Mobile (city)
- 05 One large Metropolitan County: Jefferson
- 06 Forty-one small Rural Counties:

|           |            |
|-----------|------------|
| Autauga   | Henry      |
| Barbour   | Jackson    |
| Bibb      | Lamar      |
| Blount    | Lowades    |
| Bullock   | Marengo    |
| Chambers  | Marion     |
| Cherokee  | Monroe     |
| Chilton   | Perry      |
| Clark     | Pickens    |
| Clay      | Pike       |
| Clebourne | Randolph   |
| Coffee    | St. Clair  |
| Conecuh   | Shelby     |
| Coosa     | Sumter     |
| Cullman   | Talladega  |
| Dale      | Tallapoosa |
| Elmore    | Walker     |
| Escambia  | Washington |
| Geneva    | Wilcox     |
| Greene    | Winston    |
| Hale      |            |

ARIZONA

Six Localities:

01--Phoenix--including Avondale, Chandler, Clearwater Hills, Cashion, Desert Sage, El Mirage, Gilbert, Glendale, Goodyear, Guadalupe, Litchfield Park, Mesa, Paradis Valley, Peoria, Scottsdale, Sun City, Surprise, Tempe, Tolleson, and Youngtown.

02--Tucson---including Casas Adobes, Catalina Foothills, Desert Steppes, Indiana Ridge Estates, Sherwood Village, South Tucson, and Vista Del Sahuaro.

05--Flagstaff

07--Prescott

08--Yuma

99--All other parts of the State

(City limits are exact boundaries of localities)

## CALIFORNIA

## Twenty-eight Localities - Conform to PSRO Areas:

Plus Shield handles all of 1-15 and 27

Occidental handles 16-28, except for 27

01 - Del Norte, Humboldt, Lake, Mendocino, Sonoma

02 - Butte, Colusa, Glenn, Lassen, Modoc, Plumas, Sierra, Shasta, Siskiyou, Sutter, Tehama, Trinity, Yuba

03 - Marin, Napa, Solano

04 - El Dorado, Nevada, Placer, Sacramento, Yolo

05 - San Francisco

06 - San Mateo

07 - Alameda & Contra Costa

08 - Alpine, Amador, Calaveras, San Joaquin & Tuolumne

09 - Santa Clara

10 - Mariposa, Merced, Stanislaus

11 - Madera, Fresno

12 - Monterey, San Benito, Santa Cruz

13 - Kings and Tulare

14 - Kern

15 - Inyo, Mono, San Bernardino

16 - San Luis, Obispo, Santa Barbara (Occidental)

17 - Ventura (Occidental)

(Localities 18 through 25 are composed of cities and parts of Los Angeles denoted by ZIP Codes)

|      |   |  |  |
|------|---|--|--|
| 18 : | Altadena<br>Alhambra<br>San Marino<br>Tujunga<br>Glendale<br>San Gabriel<br>Temple City<br>Sunland  | Verdugo City<br>Pasadena<br>Garvey<br>Eagle Rock<br>Rosemead<br>La Crescenta<br>Montrose   | La Vina<br>El Monte<br>South Pasadena<br>Monterey Park<br>La Canada<br>South San Gabriel<br>Wilmar                       |
| 19 : | Avalon<br>Wilmington<br>Palos Verdes Estates<br>Long Beach  | Terminal Island<br>Hawaitian Gardens<br>Lakewood<br>San Pedro  | Dominquez<br>Harbor City<br>Palos Verdes Peninsula<br>Los Alamitos   |
| 20 : | Agoura<br>Palmdale<br>Chatsworth<br>Burbank<br>Hidden Hills<br>Olive View<br>Rosedale<br>San Fernando<br>Tarzana<br>Sun Valley<br>Lancaster | Little Rock<br>Canoga Park<br>Quartz Hill<br>Granada Hills<br>North Hollywood<br>Northridge<br>Panorama City<br>Sherman Oaks<br>Studio City<br>Woodland Hills<br>Toluca Lake | Calabasas<br>Pearblossom<br>Encino<br>Mission Hills<br>Newhall<br>Pacoima<br>Saugus<br>Sepulveda<br>Van Nuys<br>Sylmar   |
| 21 : | Commerce<br>Glendora<br>East Los Angeles<br>Rowland Heights<br>Norwalk<br>Valinda<br>Whittier<br>La Verne<br>Baldwin Park<br>Walnut         | Durante<br>La Mirada<br>Monrovia<br>Montebello<br><br>Santa Fe Springs<br>Claremont<br>Azusa<br>San Dimas  | Hacienda Heights<br>La Puente<br>Los Nietos<br>Sierra Madre<br>Pico Rivera<br>West Covina<br>Arcadia<br>Pomona<br>Covina |

## CALIFORNIA pg. 2

|  |  |  |  |
|--|--|--|--|
| <b>22 :</b> Culver City<br>Sawtelle<br>Mar Vista<br>Pacific Palisades<br>Los Angeles Postal Zones:<br>90034<br>90066   | Santa Monica<br>Marina del Rey<br>Westwood<br>Palms<br>90049<br>90073  | Malibu<br>Venice<br>Ocean Park<br>Playa del Rey<br>90064   | <b>25 :</b> Beverly Hills<br>Los Angeles Postal Zones:<br>90027<br>90036<br>90048<br>90028<br>90038<br>90068<br>90029<br>90046<br>90069          |
| <b>23 :</b> Gardena<br>Torrance<br>Manhattan Beach<br>Bellflower<br>Compton<br>El Segundo<br>Huntington Park<br>Lawndale<br>Paramount<br>Los Angeles Postal Zones:<br>90009  | Rolling Hills<br>Lomita<br>Bell<br>Redondo Beach<br>Willowbrook<br>Home Gardens<br>Inglewood<br>Maywood<br>South Gate<br>90045                             | Hermosa Beach<br>Artesia<br>Palos Verdes<br>Bell Gardens<br>Downey<br>Hawthorne<br>Lynwood<br>Lennox                       | <b>26 :</b> Orange County<br><br><br><b>27 :</b> Riverside County (California Blue Shield)<br><br><br><b>28 :</b> San Diego & Imperial Counties. |
| <b>24 :</b> Los Angeles Postal Zones:<br>90006<br>90008<br>90012<br>90043<br>90058<br>90035<br>90002<br>90003<br>90057<br>90037<br>90017<br>90047<br>90021<br>90061<br>90032 | Metropolitan Center<br>90013<br>90056<br>90023<br>90062<br>90005<br>90042<br>90016<br>90055<br>90020<br>90001<br>90065<br>90026<br>90011<br>90015<br>90044 | 90033<br>90007<br>90053<br>90018<br>90014<br>90059<br>90031<br>90004<br>90039<br>90010<br>90054<br>90019<br>90063<br>90051 |  |



CONNECTICUT

Four Localities:

- 01- Northwest and North Central - City of New London, Hartford County,  
Litchfield County (except New Milford, Washington, Bridgewater,  
and Roxbury Townships), Tolland County (except Willington,  
Coventry, Mansfield, and Columbia Townships), and Southbury,  
Middlebury, Waterbury, Wolcott, Naugatuck, Beacon Falls,  
Prospect, Cheshire, Wallingford, and Meriden Townships in  
New Haven County.
- 02- Southwest - New Milford, Washington, Bridgewater, and Roxbury  
Townships in Litchfield County and Fairfield County (except  
Monroe, Shelton, Trumbull, Easton, Fairfield, Bridgeport, and  
Stratford).
- 03 - South Central - Oxford, Seymour, Darby, Orange, Ansonia, Bethany,  
Woodbridge, Hamden, North Haven, New Haven, North Branford,  
Guilford, Madison, Branford, East Haven, West Haven, and  
Milford Townships in New Haven County and Monroe, Shelton,  
Trumbull, Easton, Fairfield, Bridgeport, and Stratford  
Townships in Fairfield County.
- 04 - Northeast and Southeast - Middlesex County, New London County  
(except the City of New London), Windham County, and Willington,  
Coventry, Mansfield, and Columbia Townships in Tolland County.

## GEORGIA

## Four Localities (by counties):

01 Fulton, Clayton, Dekalb, Butts, Cherokee, Cobb, Douglas,  
Fayette, Forsyth, Gwinnett, Henry, Newton, Paulding,  
Rockdale, Walton

02 Chatham, Houston, Bibb, Richmond, Muscogee

03 Whitfield, Floyd, Troup, Coweta, Hall, Spalding, Clarke,  
Baldwin, Laurens, Bulloch, Ware, Glynn, Lowndes, Dougherty,  
Catoosa, Thomas, Walker

|            |             |               |            |
|------------|-------------|---------------|------------|
| 04 Lumpkin | Habersham   | Upton         | Talbot     |
| Union      | Stephens    | Chattahoochee | Crawford   |
| Towns      | Franklin    | Polk          | Pike       |
| White      | Hart        | Haralson      | Heard      |
| Rabun      | Jackson     | Carroll       | Pikens     |
| Banks      | Madison     | Seminole      | Gilmer     |
| Oconee     | Elbert      | Miller        | Dade       |
| Oglethorne | Barrow      | Baker         | Dawson     |
| Lincoln    | Dodge       | Atkinson      | Newton     |
| Taliaferro | Randolph    | Lanier        | Morgan     |
| Jasper     | Terrell     | Clinch        | Greene     |
| Putnam     | Crisp       | Echols        | Wilkes     |
| Hancock    | Sumter      | Calhoun       | McDuffie   |
| Glascok    | Dooly       | Clay          | Columbia   |
| Warren     | Macon       | Quitman       | Washington |
| Chattooga  | Peach       | Stewart       | Jefferson  |
| Gordon     | Harris      | Webster       | Burke      |
| Murray     | Merriwether | Schley        | Emanuel    |
| Bartow     | Lamor       | Marion        | Screvin    |
| Fannin     | Monroe      | Taylor        | Ettingham  |
| Taltnall   | Liberty     | Long          | Toombs     |
| Appling    | Wayne       | Brooks        | Grady      |
| Decatur    | Colquitt    | Worth         | Ben Hill   |
| Early      | Cook        | Tift          | Telfair    |
| Mitchell   | Berrien     | Coffee        | Jones      |
| Wilkinson  | Jenkins     | Blockley      | Montgomery |
| Twiggs     | Truett      | Palaski       | Evans      |
| Johnson    | Candler     | Whitaker      | Bryan      |
| Jeff Davis | Bacon       | McIntosh      | Camden     |
| Charlton   | Brantley    | Pierce        | Irwin      |
| Turner     | Lee         | Wilcox        |            |

## INDIANA

### Three Localities:

- 01 - Metropolitan-  
Lake, Porter, LaPorte (Northwest Indiana)  
Allen (Ft. Wayne)  
Marion (Indianapolis), Shelby  
Madison, Delaware (Anderson, Muncie)  
Vanderburgh (Evansville)
- 02 - Urban-  
Monroe, Grant, Tippecanoe, St. Joseph( South Bend), Clark,  
Wayne, Wells, Floyd, Vigo( Terre Haute), Elkhart, Howard,  
Cass, Henry, Lawrence, Kosciusko, Bartholomew, Hancock,  
Hendricks, Johnson, Knox, LaGrange , Daviess
- 03 - Rural- Remaining Counties

## MASSACHUSETTS

## Two Localities: 01 Urban, 02 Suburban/Rural

AREA 01 - Urban - includes the following places

BOSTON SMSA  
(Essex County)  
Beverly

Lynn

Peabody

Salem

Danvers

Hamilton

Lynnfield

Manchester

Marblehead

Middleton

Mahant

Saugus

Swampscott

Topsfield

Wenham

(Middlesex County)  
Cambridge

Everett

Halden

Medford

Melrose

Newton

Somerville

Waltham

Woburn

Arlington

Ashland

Bedford

Belmont

Burlington

Concord

Framingham

Lexington

Lincoln

Natick

North Reading

Reading

Sherborn

Stineham

Sudbury

Wakefield

Watertown

Wayland

Weston

Wilmington

Winchester

(Norfolk County)  
Quincy

Braintree

Brookline

Centon

Cohasset

Dedham

Dover

Hollbrook

Medfield

Mills

Milton

Needham

Norfolk

Norwood

Randolph

Sharon

Walpole

Wellesley

Westwood

Weymouth

(Plymouth County)  
Duxbury

Hanover

Hingham

Hull

Marshfield

Norwell

Pembroke

Rockland

Scituate

## Boston SMSA (cont.)

(Suffolk County)  
Boston

Chelsea

Revere

Winthrop

BROCKTON SMSA  
(Bristol County)

Easton

(Hampden County)  
Avon

Stoughton

(Plymouth County)  
Brockton

Abington

Bridgewater

East Bridgewater

Hanson

West Bridgewater

Milton

WORCESTER SMSA  
(Worcester County)  
Worcester

Auburn

Berlin

Boylston

Brookfield

East Brookfield

Grafton

Holden

## Leicester

Millbury

Northborough

Northbridge

North Brookfield

Oxford

Paxton

Shrewsbury

Spencer

Sterling

Sutton

Upton

Westborough

SPRINGFIELD-CHICOPEE-  
HOLYOKE, MASS.-CONN.--  
SMSAMass. portion  
(Hampden County)

Chicopee

Holyoke

Springfield

Westfield

Agawam

East Longmeadow

Hampden

Longmeadow

Ludlow

Monson

Palmer

## Southwick

West Springfield

Wilbraham

(Hampshire County)

Northampton

Easthampton

Granby

Hadley

South Hadley

(Worcester County)

Warren

PITTSFIELD SMSA

(Berkshire County)

Pittsfield

Dalton

Lanesborough

Lee

Lenox



MASSACHUSETTS (Cont'd)

AREA 02 - Suburban/Rural - includes the following places in  
SMSA's and the remainder of the State.

|   |   |                    |
|---|---|--------------------|
| <u>FALL RIVER, MASS.-R.I.</u><br><u>SMSA</u>          | Westford  | (Norfolk County)   |
| Mass. portion<br>(Bristol County)                     | <u>New Bedford, Mass.</u><br><u>SMSA</u>                  | Dellingham         |
| Fall River  | (Bristol County)  | Franklin           |
| Somerset  | New Bedford   | Plainville         |
| Swansea   | Acushnet  | Wrentham           |
| Westport  | Dartmouth   | (Worcester County) |
| <u>LAWRENCE-HAVERHILL, MASS.-</u><br><u>N.H. SMSA</u> | Fairhaven   | Blackstone         |
| Mass. portion<br>(Essex County)                       | (Plymouth County)   | Millville          |
| Lawrence  | Marion  |                    |
| Haverhill   | Mattapoisett  |                    |
| Andover   | <u>FITCHBURG-LEOMINSTER SMSA</u>                          |                    |
| Georgetown  | (Middlesex County)  |                    |
| Groveland   | Shirley   |                    |
| Herrinac  | Townsend  |                    |
| Hethuen   | (Worcester County)  |                    |
| North Andover   | Fitchburg   |                    |
| West Newbury  | Leominster  |                    |
| <u>LOWELL, MASS. SMSA</u>                             | Lunenburg   |                    |
| (Middlesex County)                                    | Westminster   |                    |
| Lowell  | <u>PROVIDENCE-PAWTUCKET-</u><br><u>WARRICK, R.I. SMSA</u> |                    |
| Gillerica   | Mass. portion<br>(Bristol County)                         |                    |
| Chelmsford  | Attleboro   |                    |
| Dracut  | North Attleborough  |                    |
| Tewksbury   | Rehoboth  |                    |
| Tyngsborough  | Seekonk   |                    |

## Two Localities:

01- Rural - All ZIP Codes starting with 386,387,388,389,390,391,393,  
394,396,397 (except 38801, 39301, 39401) and the  
following 395 ZIP Codes:

|                 |                   |
|-----------------|-------------------|
| 39550-Bond      | 39561-McHenry     |
| 39552-Escatawpa | 39572-Pearlington |
| 39553-Gautier   | 39573-Perkinston  |
| 39555-Hurley    | 39574-Saucier     |
| 39556-Kiln      | 39575-Wade        |
| 39558-Lakeshore | 39577-Wiggins     |

02- Metropolitan - All ZIP Codes starting with 392 and 395 (except as  
noted in area 01 above) and the following:

392\_\_ Jackson  
395\_\_ Biloxi  
38801 Tupelo  
39301 Meridian  
39401 Hattiesburg

MISSOURI

Seven Localities:

General American Life

- 01 - Cities of Columbia, Jefferson City, Springfield, Metropolitan St. Louis, St. Louis County and St. Charles County
- 02 - Cities of Joplin, Cape Girardeau, Kirksville, Poplar Bluff, Hannibal, Sikeston and Jefferson County (City limits boundaries except Jefferson County)
- 03 - Rural - rest of State except Blue Shield of Kansas City area

Blue Shield of Kansas City - Missouri

- I - Buchanan County (rural)
- II - Clay and Platte Counties (suburban)
- III - Jackson County (metropolitan)
- VI - Rural - Andrew, Atchison, Bates, Benton, Caldwell, Carroll, Cass, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Holt, Johnson, Lafayette, Livingston, Mercer, Nodaway, Pettis, Ray, St. Clair, Saline, Vernon, Worth

## NEW YORK

### Ten Localities:

#### New York B/S of Greater New York

- A - New York County
- B - Bronx, Kings, Richmond, Westchester, Nassau, Rockland, and Suffolk Counties
- C - Dutchess, Orange, Putnam, Sullivan, Ulster, Columbia, Delaware, and Green Counties

#### Group Health Insurance - New York

##### Queens County

#### Blue Shield of Western New York

##### Geographic Area I

Alleghany, Cattaraugus, Erie, Genessee, Niagara, Orleans and Wyoming Counties

##### Geographic Area II

Livingston, Monroe, Ontario, Seneca, Wayne and Yates Counties

##### Geographic Area III - Includes the following cities:

|              |                  |              |
|--------------|------------------|--------------|
| Albany       | Saratoga Springs | Cooperstown  |
| Binghamton   | Schnectady       | Marcellus    |
| Endicott     | Syracuse         | Fayetteville |
| Glens Falls  | Utica            | New Hartford |
| Johnson City | Troy             | Ogdensburg   |

(The city limits are the locality boundaries.)

##### Geographic Area IV - All towns and communities in the following counties other than the nine cities shown in Area III:

|            |            |              |
|------------|------------|--------------|
| Albany     | Fulton     | Rensselaer   |
| Broome     | Hamilton   | Saratoga     |
| Cayuga     | Herkimer   | Schnectady   |
| Chautauqua | Jefferson  | Schoharie    |
| Chemung    | Lewis      | Schuyler     |
| Chenango   | Madison    | St. Lawrence |
| Clinton    | Montgomery | Steuben      |
| Cortland   | Oneida     | Tioga        |
| Essex      | Onondaga   | Tompkins     |
| Franklin   | Oswego     | Warren       |
|            | Otsego     | Washington   |



## Thirty-Two Localities:

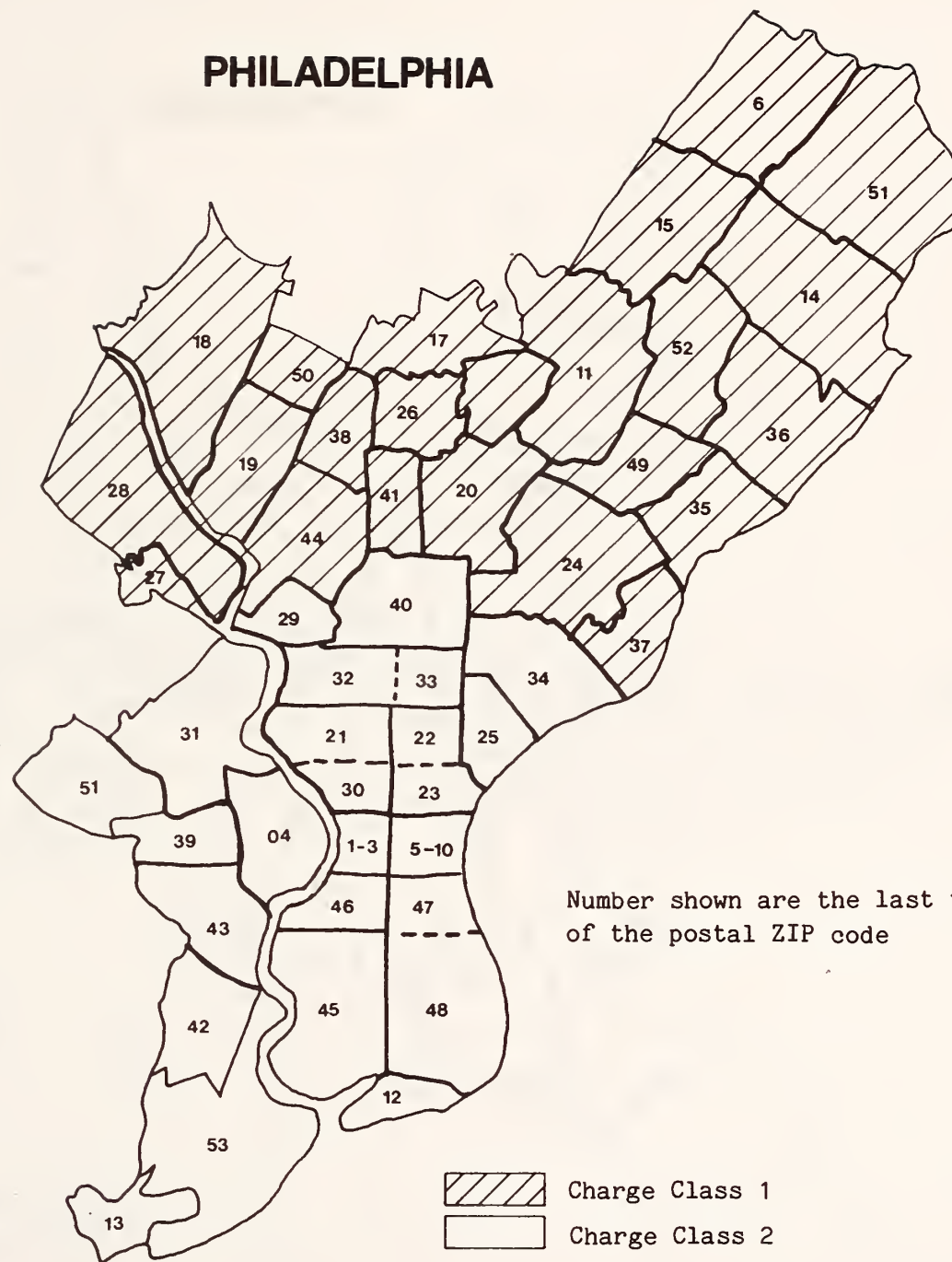
## Counties -(Cities)

- |  |                              |
|--|------------------------------|
| 02 - North Central, North East Texas<br>(see right side of page) | 24 - Nueces (Corpus Christi) |
| 03 - Central, South, Southeast Texas<br>(see right side of page) | 25 - Orange (Orange)         |
| 04 - Panhandle and West Texas<br>(see right side of page)        | 26 - Potter (Amarillo)       |
| 06 - Bell (Killeen-Ft. Hood)                                     | 27 - Smith (Tyler)           |
| 07 - Bexar (San Antonio)   | 28 - Tarrant (Fort Worth)    |
| 08 - Bowie (Texarkana)   | 29 - Taylor (Abilene)        |
| 09 - Brazoria (Freeport)   | 30 - Tom Green (San Angelo)  |
| 10 - Cameron (Brownsville)                                       | 31 - Travis (Austin)         |
| 11 - Dallas (Dallas)   | 32 - Victoria (Victoria)     |
| 12 - Denton (Denton)   | 33 - Webb (Laredo)           |
| 14 - El Paso (El Paso)   | 34 - Wichita (Wichita Falls) |
| 13 - Ector (Odessa)  |                              |
| 15 - Galveston (Galveston)                                       |                              |
| 16 - Grayson (Sherman)   |                              |
| 17 - Gregg (Longview)  |                              |
| 18 - Harris (Houston)  |                              |
| 19 - Hidalgo (Pharr-McAllen)                                     |                              |
| 20 - Jefferson (Beaumont)  |                              |
| 21 - Lubbock (Lubbock)   |                              |
| 22 - McLennan (Waco)   |                              |
| 23 - Midland (Midland)   |                              |

(The localities are determined on a County basis. The cities listed are major cities in the locality.)

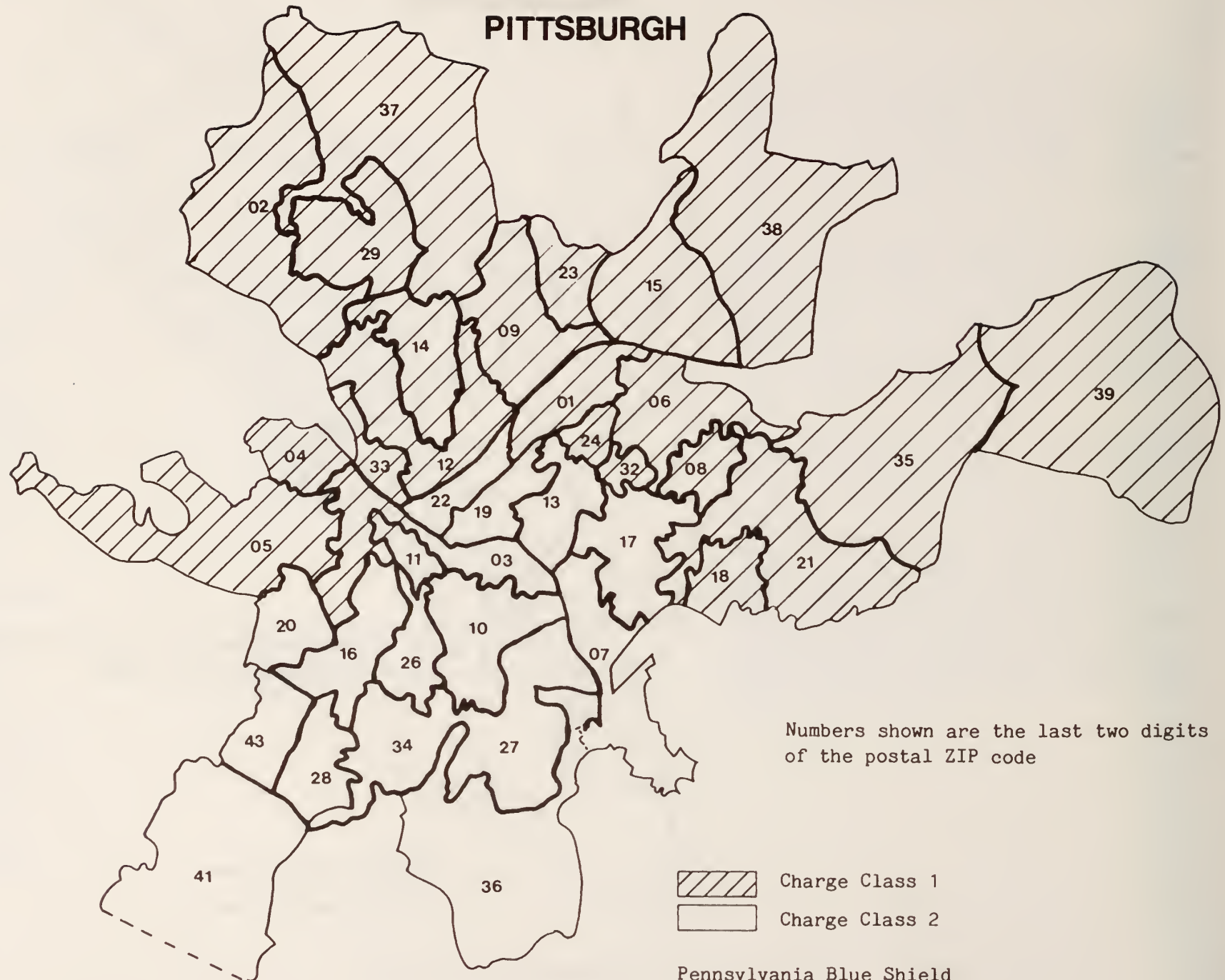
- 02 - Throck Morton, Stephens, Palo Pinto, Lampasas, Morris, Montague, Cooke, Fannin, Lamar, Red River, Collin, Hunt, Delta, Titus, Camp, Cass, Trinity, Marion, Harrison, Panola, Rusk, Wood, Hopkins, Rains, Kaufman, Van Zandt, Parker, Ellis, Johnson, Hood, Jack, Rockwall, Coryelle, Wise, Somervell, Erath, Hill, Bosque, Hamilton, Freestone, Limestone, Anderson, Navarro, Leon, Upshur, Houston, Madison, Franklin, Cherokee, Falls, and Young Counties.
- 03 - Shelby, Sabine, Angelini, Newton, Jasper, Tyler, Polk, Nacogdoches, San Augustine, Walker, San Jacinto, Hardin, Chambers, Grimes, Montgomery, Robertson, Brazos, Burleson, Washington, Lee, Williamson, Burnet, Henderson, Aransas, Austin, Colorado, Wharton, Gillespie, Blanco, Kendall, Kerr, Hays, Caldwell, Fayette, Matagorda, Calhoun, Refugio, Lavaca, Gonzales, San Patricio, Kleberg, Waller, Kenedy, Willacy, Jim Wells, Duval, Brooks, Zapata, Starr, Jim Hogg, La Salle, McMullen, Live Oak, Bee, Karnes, Wilson, Atascosca, Frio, Medina, Comal, Fort Bend, De Witt, Goliad, Bandera, Guadalupe, Jackson, Liberty, Milam, Llano, Bastrop Counties.
- 04 - Dallam, Sherman, Hansford, Ochiltree, Hartley, Moore, Hutchinson, Hemphill, Carson, Gray, Wheeler, Deaf Smith, Randal, Armstrong, Donley, Parmer, Castro, Swisher, Briscoe, Hall, Childress, Shackelford, Bailey, Lamb, Hale Floyd, Motley, Cottle, Foard, Wilbarger, Clay, Archer Baylor, Knox, Dickens, Crosby, Hockley, Cochran, Yoakum, Terry, Lynn, Garza, Kent, Stonewall, Haskell, Gaines, Dawson, Borden, Schurry, Fisher, Jones, King, Winkler, Ward, Upton, Runnels, Collingsworth, Brewster, Hardeman, Iron, Lipscomb, Menard, Oldham, Andrews, Martin, Howard, Mitchell, Nolan, Callahan, Eastland, Hudspeth, Culberson, Reeves, Loving, Glasscock, Sterling, Coke, Coleman, Brown, Crane, Roberts, Regan, Concho, McCulloch, Sutton, Mason, Schleicher, Crockett, Pecos, Jeff Davis, Presidio, Terrell, Val Verde, Kimble, Edwards, Kinney, Comanche, Mills, San Saba, Real, Uvalde Zavala, Dimmit and Maverick Counties.

# PHILADELPHIA



Pennsylvania Blue Shield

# PITTSBURGH















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